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EVALUATION OF THE REDSO/ESA HEALTH NETWORK STRATEGY

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Gerard Bowers, Team Leader
Margaret Gachara
James Setzer

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ACRONYMS

ABS	Annual Budget Submission
ARH	Adolescent Reproductive Health
AVSC	Access to Voluntary Surgical Contraception
AIDS	Acquired Immunodeficiency Syndrome
AFR/SD	Africa Bureau, Office of Sustainable Development
BASICS	Basic Support for Institutionalizing Child Survival Project
CA	Cooperating Agency(ies)
CAFS	Centre for African Family Studies
CAATS	Cooperating Agencies Activity Tracking Systems
CRHCS	Commonwealth Regional Health Community Secretariat
COTR	Contracting Officers Technical Representative
DANIDA	Danish International Development Agency
DDM	Data for Decision Makers
DO	Delivery Order
ECSACON	East, Central and Southern Africa College of Nurses
ESA	East/Southern Africa Region
FP	Family Planning
FPLM	Family Planning Logistics Management
FPIA	Family Planning International Assistance
GHAI	Greater Horn of Africa Initiative
GOM	Government of Malawi
GOZ	Government of Zimbabwe
HCF	Health Care Financing
HHRAA	Health and Human Resources Analysis for Africa Project
HIV	Human Immunodeficiency Virus
IPAS	International Pregnancy Advisory Services
IR	Intermediate Results
ICPD	International Conference for Population and Development
IPPF	International Planned Parenthood Federation
JHPIEGO	John Hopkins Program for International Education in Reproductive Health
JPP	Joint Programming and Planning
JSI	John Snow, Inc.
MCH	Maternal and Child Health
MOU	Memorandum of Understanding
MOH	Ministry of Health
MSH	Management Sciences for Health
NGO	Nongovernmental Organization
DFID	Department for International Development
OYB	Operating Year Budget
PAC	Postabortion Care
PHD	Population and Health Division
PHN	Population, Health and Nutrition

PHR	Partnerships for Health Reform Project
PSC	Personal Service Contract
QoC	Quality of Care
RPM	Rational Pharmaceutical Management
RIP	Regional Integration Partners
RP	Results Package
RTI	Reproductive Tract Infection
REDSO	Regional Economic Development Services Office
STD	Sexually Transmitted Disease
SEATS	Services Expansion and Technical Support
SO	Strategic Objective
SOTA	State of the Art {training course}
SOW	Scope of Work
TAACS	Technical Assistance for AIDS and Child Survival
TA	Technical Assistance
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development
WHO	World Health Organization
ZNFPC	Zimbabwe National Family Planning Council

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EXECUTIVE SUMMARY

Four years ago, REDSO/ESA launched a new assistance modality—the "Health Network " strategy—which re-defined the way REDSO does business in the Eastern and Southern Africa (ESA) Region. Up until that time, REDSO's task was fairly straightforward: Provide technical support to USAID Missions to assist them in the development and implementation of the Missions' bilateral assistance programs. The staff of the REDSO Population and Health Division (PHD) believed, however, that they could build on this important role in ways to make REDSO significantly more useful in advancing the population, health, and nutrition (PHN) agenda in the region. Their proposition was *networking*.

The conceptual basis for networking was essentially intuitive: REDSO staff who were traveling widely in the region providing technical support to USAID Missions were in a unique position to observe and recognize cross-border/cross-cutting problems being faced by many organizations, program managers, and decisionmakers in the region. REDSO staff also noticed that some of these countries and organizations were developing and applying innovative solutions to their problems, solutions which, if shared more widely, could significantly reduce the cost, duration and frustration being faced by other parties trying to address the same problems. Networking was developed as a means to promote the systematic sharing of such information and experiences to larger numbers of change agents in the ESA region. It was also seen as a device whereby REDSO could facilitate the dissemination of emerging, cutting-edge information in key PHN areas to REDSO's partners and customers.

The networking strategy is working very well. Program managers, health ministries, researchers, and trainers throughout the ESA region are benefitting from their participation in the Network and are applying new information to address critical problems in the PHN sector. The several USAID PHN officers surveyed by the evaluation team were almost unanimous in noting the value they attach to the Network and to the REDSO/PHD staff who make it work. (Interestingly, one of the most vigorous expressions of support for the Network came from a PHN officer who told the team that she had been openly skeptical of the concept when it was originally developed.)

This success is due to a number of conceptual and operational characteristics of the Network. Firstly, the Network is organized around underlying principles which reinforce the activity's effectiveness, relevance and credibility. These include—

- ***Joint planning and programming with all partners***
- ***Inclusion of African partners in every stage of the Network***
- ***Capacity building within partner organizations***

- ***Follow through to ensure that REDSO initiatives have clearly-identified "next steps"***
- ***Practical, implementation-relevant focus of REDSO efforts***
- ***Identification, sharing, and adapting lessons learned from "better practices" in focus activity areas from within the region***

A second critical factor to the program's success has been its good fortune and rigor in attracting an especially competent, technically-skilled staff. Although recruited at varying times (i.e., as new initiative areas were identified) and gathered under a variety of recruitment mechanisms (Michigan Fellows Program, BASICS, Western Consortium, personal services contracting, and in the near future, the TAACS and Johns Hopkins Child Survival Fellows programs), PHD staff function as a coherent, well-focused team.

The Network's areas of technical focus have evolved over time. Early work focused on health care finance and integration (of STD/HIV and MCH/FP services) initiatives, largely because successful models of innovative problem-solving in these areas were available in Kenya. These models included the USAID/Kenya-supported Health Care Finance (HCF) Project, and the Kenya Mission's initiative to have all CAs collaborate in both assisting and sharing lessons learned, with attempts at integration. The Network subsequently adopted adolescent reproductive health (ARH), postabortion care (PAC), quality of care (QoC), and capacity-building (a cross-cutting theme, but focused largely on the Centre for African Family Studies). More recently, family planning commodities/drug logistics and management, and a nutrition and food security (Greater Horn of Africa) initiative have been taken on as new focus areas by REDSO.

Measuring the Network's impact across these focus areas is difficult at best. By its nature, networking is designed to bring new information to the attention of decisionmakers who are free to use or dismiss that knowledge. Moreover, REDSO's involvement as Network manager is largely limited to a facilitative, non-implementing role; the adoption and implementation of Network-inspired actions is left to others and often depends on follow-up action by USAID Missions in the region. Thus, when technically-appropriate decisions are made, when new policies are announced, or when training curricula are changed, it is difficult to determine the extent to which such developments can be attributed, at least in part, to the Network's involvement. In the absence of definitive criteria for making such measurements, the evaluation team relied on interviews with program managers, USAID PHN officers, and CA representatives. Based on these interviews, the evaluation team concluded that the Network has indeed scored successes in promoting substantive changes across the Network's technical focus areas.

The continuation of this success is by no means certain. The networking activity is currently being underwritten by a melange of funding sources, including a small amount of REDSO OYB, field support funds from the Global and Africa Bureaus, and such annual fallout funds as REDSO was able to obtain. Similarly, REDSO's impressive PHD team was cobbled together from a variety of sources whose longer-term accessibility is, while likely, not absolute. If USAID

shares the evaluation team's conclusion that the Network represents an innovative, cost-effective way to advance the agency's PHN agenda, it should move quickly to "normalize" the program's structure and funding. At the very least, the activity should be incorporated into the REDSO R-4 and budgeted within the REDSO OYB at a level adequate to maintain Network operations at the current level.

I. PREFACE

Four years ago, the Population and Health Division (PHD) of REDSO/ESA was comprised of three professional staff whose work focused on the provision of technical support for USAID Missions in the ESA region. Today, PHD includes eight professional staff who continue to provide this "traditional" support to ESA Missions; but they are also engaged in a significantly expanded effort designed to advance an expanded population, health, and nutrition (PHN) agenda within a broader community of partners in the region. The Health Network Project (or more correctly, "approach") represents an innovative addition to USAID's development tool kit. This evaluation attempts to assist PHD and REDSO/ESA to identify the strengths, weaknesses, and overall value of this approach to development assistance in the PHN sector.

II. METHODOLOGY

At the request of the REDSO/ESA mission, a three person team was selected and fielded to conduct an evaluation of that Mission's networking approach. BASICS, as one of the principal CA partners in the Mission's networking activities, fielded the two U.S.-based consultants (Gerard Bowers, team leader, and James Setzer), while REDSO directly contracted with a Kenya-based consultant, Dr. Margaret Gachara. The evaluation team's scope of work (SOW) is attached as Appendix A.

Prior to their departure for Kenya (27 January 1998), the two U.S.-based consultants were briefed on the Network initiative by BASICS project staff and conducted a series of interviews with USAID officials within the Africa and Global Bureaus who had participated in and supported the Network concept and its activities. While in Kenya, the team consulted project documentation and conducted numerous interviews (in person and via telephone) with REDSO/ESA personnel and Network support staff, USAID PHN officers within the region, CA staff, project personnel, and appropriate host country government officials. One team member, Setzer, traveled to Uganda to meet Network partners and to discuss their impressions of the Network's activities and its effectiveness and impact. A full listing of all persons interviewed during the evaluation is attached as Appendix B.

Before leaving Kenya, the team presented a draft report to the REDSO/ESA Mission for comments. Their report was finalized and presented to BASICS during February 1998. Debriefings were held with the REDSO/ESA PHD office and interested parties within USAID/ Washington.

III. SUMMARY OVERVIEW

A. Strategic Context

[Authors' note: This section, and indeed the entire assessment report, were prepared under the assumption that readers are generally familiar with the Health Network Project. It does not, therefore, give much space to purely descriptive material, nor attempt to catalogue/document all of the activities carried out under this initiative. Persons not familiar with the project's overall structure, themes, and procedures should refer to the REDSO/PHD paper "Doing Business Differently" (March 1997) attached as Appendix C of this report. The discussion in this assessment is largely limited to supplemental information not available in the PHD paper or in other project documents already available to REDSO and/or USAID/Washington partners.]

The Health Network activity which REDSO launched in 1994 formed the basis for the development of a new Strategic Objective (SO) focusing on regional initiatives and activities. That new SO was included in REDSO's first Strategic Plan, developed in 1995. This SO, however, was somewhat generic, as it was designed to include all regional activities and initiatives being undertaken by REDSO, and not just health and population. It was entitled "Increased Utilization of Critical Information by USAID and Other Decisionmakers in the Region." Over the last two years, as REDSO attempted to operationalize SO teams around its strategic objectives, it became apparent that health and population required its own separate SO that related more closely to what it was seeking to achieve and the way the REDSO PHN Office actually functioned. The new SO, while not yet officially approved at the Washington level, has been approved at REDSO level and will be submitted in the R4 this year. Below is the new health and population SO and the six Intermediate Results which REDSO/PHD team is attempting to achieve.

REDSO/ESA SO #4: "Improved Child and Reproductive Health Systems in East and Southern Africa."

- **IR 4.1: Strengthened Information Network :** Joint planning and programming, CAATS, Regional CA Coordination, Resource Center, Conferences, Workshops and Presentations

- **IR 4.2: Improved Technical Capacity of Regional Partners:** CAFS, NGOs, Universities, South-South Exchanges, Training, Skills Building, Mentoring, TA

- **IR 4.3: Improved Policy Environment**: Awareness Raising, Advocacy, Policy Assessments and Development, Regulation

- **IR 4.4: Country Level Implementation:** Sharing/Implementation of Lessons Learned, Expansion of Use of Models or Better Practices

- **IR 4.5: Enhanced African Capacity to Implement Household Level Nutrition and Other Child Survival Interventions**: Development and Marketing of Fortified Foods, Regional Assessments, Pilot Activities

- **IR 4.6: Enhanced Capacity for ESA Missions to Attain their PHN SOs/IRs:** TDYs to Missions, Work for Others

This SO more clearly captures the integrated nature of the regional Network activities and the technical services provided to ESA Missions (IR 4.6) than does the old SO. All of the technical focus areas being dealt with in the Network project support the attainment of these six IRs. The Strategic Framework for this SO is attached as Appendix D.

B. Rationale

In the course of their "traditional" work with ESA region Missions, REDSO personnel observed that professional colleagues and decisionmakers in the region were facing similar challenges and pursuing similar programs of policy reform and implementation, and that they could benefit and learn from each other's experiences. However, an effective means of sharing experiences was lacking. Given its unique perspective, REDSO was clearly in a position to facilitate a "networking" initiative to address the information gap in the region.

C. Guiding Principles

The REDSO networking team has developed several guiding principles to provide overall direction for the activity. These principles, described in detail in the "Doing Business Differently" paper (Appendix C), are summarized here:

1. **Joint planning and programming (JPP):** All partners, including CAs, the Africa and Global Bureaus, and especially African partners, are to be involved in all stages of the activity—from identification of focus areas, to agenda-setting, and planning, through to implementation. The JPP process also engages the partners in the identification of the resources they are prepared to bring to the activity, including staff time, funding of travel costs, publications, etc.

2. **Capacity building:** Networking aims to strengthen and develop individual and organizational capacity to address priority problems in the PHN sector. Examples include targeted organizational development, as with CAFS, and efforts to develop individuals' consulting skills through shared TDYs with African colleagues and consulting skills workshops.

3. **Follow through:** Networking activities, such as travel study, south-south consultancies, workshops, etc., are to be planned and implemented with a clear understanding in place of the next steps needed to move the agenda forward.

4. **Practical, implementation focus:** Networking does little in the way of conventional, bilateral project implementation. It aims instead to select and undertake only those activities which are likely to help bring about practical, implementable changes in PHN programs.

5. **Facilitate, complement, and support the bilateral programs:** While not described explicitly in REDSO's "Doing Business Differently" paper, it became apparent to the evaluation team that REDSO conducts its networking activities in a way to ensure that they complement, support, and facilitate the bilateral assistance programs of the ESA region USAID Missions. Care is taken by REDSO to ensure that its networking initiatives do not duplicate bilateral activities, but rather, that they have the potential to help USAID PHN officers to advance their bilateral agendas. This consciously supportive stance vis-à-vis the ESA Missions is reflected in REDSO's conviction that its networking tasks must be closely related to—indeed, could not function in the absence of—REDSO's traditional role as a source of technical assistance for the ESA Missions.

D. Getting Started

Network activities began in 1994. Key events included the identification of funding mechanisms needed to support Network-related activities (beginning with the BASICS contract); the selection of technical focus areas (via a combination of surveys and agenda-setting meetings); recruitment of a Health Network coordinator and assistant; the identification of key partners/cooperating agencies; the identification of early targets of opportunity, especially through the Kenya Health Care Finance (HCF) Project; and the increasingly active involvement of other REDSO staff in Network activities. As new initiative areas were identified as appropriate for the activity, new staff possessing the appropriate technical skills were recruited and brought onboard.

E. Technical Agenda

Key areas of Network support have evolved to presently include—

1. Integration of STD/HIV and MCH/FP Services

Key CA Partners: Population Council, Pathfinder International, DDM, local researchers

2. Health Care Financing

Key CA Partners: BASICS, PHR, African consultants and institutions

3. Quality of Care

Key CA Partners: QAP, Makerere University, JHPIEGO, AVSC

4. Adolescent Reproductive Health

Key CA Partners: FOCUS, JHU/PCS

5. Postabortion Care (PAC)

Key CA Partners: POLICY, JHPIEGO, INTRAH, Population Council, AVSC

6. Drug Logistics and Management

Key CA Partners: Family Planning Logistics Management (JSI/FPLM), Rational Pharmaceutical Management (MSH/RPM)

7. Information Resource Center and Information Dissemination
Key CA Partners: BASICS

8. Capacity Building
(Centre for African Family Studies-CAFS, ECSACON)

9. Greater Horn of Africa Initiative (GHAI)—Nutrition and Food Security (under development)
Key CA Partners: LINKAGES, OMNI, AVSC, BASIS, QAP

F. Networking Mechanisms

The Network utilizes a variety of mechanisms to facilitate the exchange and sharing of information in the region. These include—

- **Structured study tours**
- **Highly focused seminars, workshops and conferences**
- **South to south consultations**
- **Identification, sharing and adaptation of better practices**
- **Adaption of manuals, approaches, and tools**
- **Information dissemination activities**

IV. PROJECT ORIGINS, STRUCTURE, AND OPERATIONS

A. Project Origins

Shortly after his arrival in 1993, the new REDSO/ESA/PHD chief proposed the general outline of a new networking strategy to the REDSO deputy director. The PHD chief's notion was that a REDSO Mission was uniquely positioned to take on a broader, facilitative, and leadership role in the region, beyond (and in addition to) the traditional role of providing technical/consultative support to ESA region Missions. Those discussions were soon formalized and packaged within REDSO's FY94 Annual Budget Submission (ABS), which allotted $500,000 to launch the new networking concept in the PHN sector. In developing that initiative, it was further determined that USAID/Kenya's Health Care Financing (HCF) Project could serve as a ready and relevant launching platform for the new activity, especially in light of the supportiveness of USAID/Kenya and the strong interest on the part of the HCF project chief of party (MSH) to participate in the networking initiative. (Indeed, a request from the Ethiopian Ministry of Health for HCF assistance marked the first networking activity carried out under the new initiative.)

REDSO's new health policy advisor arrived later in 1993, and proceeded to develop much of the formal structure and operational principles that eventually guided the overall networking activity. (Those principles are set forth in the REDSO/PHD paper "Doing Business Differently," referred to above.)

The BASICS Project's ROLE: Management Sciences for Health (MSH) was the prime contractor in the HCF/Kenya project and the HCF project chief-of-party was an MSH employee. MSH was also a member of the consortium responsible for implementation of the worldwide BASICS project. Following consultations among the REDSO staff and the COTR of the BASICS project, the parties concluded that BASICS represented a viable mechanism by which REDSO could channel resources to support a rapid launch of the new activity. Reasons included not only REDSO's ability to access the services of HCF project staff under MSH, but also the relative flexibility which BASICS could provide to allow PHD to address a broader range of technical issues envisioned under the new approach.

The delivery order (DO) that REDSO/ESA subsequently executed (1994) with BASICS included many, but not all, of the elements that would eventually be assembled to support the overall project. Under the DO, BASICS provided two people (a project coordinator and an administrative assistant), who would assist in project management (an information technician was recently added to help manage the Information Resource Center); office furniture and equipment for this two-person secretariat, as well as for the resource center; and funds for consultant salaries and travel, conferences, workshops, and other related costs over the anticipated four-year life of the project (1994-1998). The total value of the BASICS buy-in was $1.88 million. REDSO also claimed field support funds and leveraged Africa Bureau funds to enable BASICS to place a long-term health care finance advisor at REDSO, and executed a separate DO for a regional child survival advisor through BASICS, who contributed substantially to the Network activity.

A management framework for the project was thus in place by the Fall of 1994. With the BASICS support in hand, PHD was at least minimally prepared to further identify and refine additional cross-cutting and cross-boarder issues of highest importance to African parties, to facilitate cross-border exchanges so that program managers might observe successful programs, to share experiences and lessons learned, to network different ideas, and to stimulate new thinking about critical problems. (See Appendix C for a discussion of the steps, notably including two surveys and a meeting of the Commonwealth Regional Health Community, which PHD utilized to develop and prioritize the issues of greatest common concern in the region.)

Despite this promising start, the project still lacked the program and financial means required to address all of its key technical focus areas. Many of the specific topics emerging from the survey and fact-finding work required more specialized technical input than was available via BASICS or REDSO, and the cooperating agency (CA) community was still only marginally involved in the project, despite their interest in it.

The means employed by PHD and its partners in the Africa Bureau (AFR/SD) to address those shortcomings are at once a testimony to creative programming and a source of concern regarding the longer term financial viability of the project.

B. Project Funding

By late 1994, a number of technical focus areas had emerged from REDSO's survey and fact finding efforts. At that time these emphasis areas included 1) health care financing, 2) integration of STD/HIV and MCH/FP services, 3) quality of care, and 4) capacity building (focusing especially on CAFS III). *[The project's other focus areas, including adolescent reproductive health, PAC, logistics, and the GHAI/food security initiative, emerged later in the project.]* Most of the project's early work, however, focused on HCF issues, largely as a consequence of the HCF chief-of-party's involvement and the usefulness, and the availability of the Kenya HCF program as a model for other countries in the region, and on integration. In cooperation with the Regional Health Community Secretariat (CRHCS) in Arusha, REDSO sponsored a major workshop to examine the challenges posed by integration in the ESA region. (See Appendix C for a discussion of the Setting the Agenda Workshop in Nairobi, May 1995.)

In early 1994, an AFR/SD representative visited REDSO/ESA for consultations on, *inter alia*, ways by which the Health Network Project might address the integration issue. As a result of those consultations, AFR/SD agreed to supplement the Network project with approximately $260,000 in field support funds from the HHRAA project. The immediate objective of this funding was to carry out a series of case studies and operations research by Pathfinder International, the Population Council, and the Data for Decision Makers (DDM/Harvard) Project on various aspects of integration. The other noteworthy aspect of this investment was that it marked the first instance of what subsequently became a continuing and very supportive partnership between REDSO/PHD and AFR/SD in the funding of the Health Network initiatives. Since that initial contribution, AFR/SD has contributed over $5 million to the project, including additional field support for the BASICS activity and field support for Network-related activities of several CAs, as well as support for technical staff.

Even these two funding "spigots" (the REDSO buy-in to BASICS and AFR/SD field support) would not be sufficient, however, to adequately address the ambitious agenda identified for REDSO Network activities. In the subsequent years, REDSO/ESA provided approximately $5 million in OYB funding for related CA activities over the four years of the project; promoted the orientation of CA core funds to support Network-relevant efforts; leveraged an unknown amount of other donor support for regional activities; and most notably, secured from $700,000 to $1.5 million per year in fallout funds for the project.

As noted previously, the ability of the project's managers to access this varied mix of funding says much for their innovativeness and for the supportiveness of their partners in AFR/SD. But, it also underscores the financial vulnerability of the project as it looks to the future.

C. Project Operations

1. The Network Agenda

The project has followed somewhat different approaches in addressing its topical areas of engagement. Under the **health financing** initiative, for example, the project emphasized

exchanges of information at the personal and small group levels. The Kenya model, or elements of it, were presented to interested visitors as concrete examples of the possible. Face-to-face discussions among Kenyans and visitors focused on specific ways to make programs work. Alternatively, technical consultants (U.S. and African) visited counterparts in interested ministries to jointly explore the steps to be followed to effect program change. Large conferences on health financing—with the exception of a regional health financing conference co-funded with the World Bank (February 1997), and a health insurance workshop (March 1997)—were not emphasized, and indeed, were generally considered by the HCF consultants to be of less utility than the smaller, more personal exchanges. The defining characteristic of the health finance work was its emphasis on specific replicable actions, reflecting the notion that successful policy change proceeds from successful programs on the ground.

With the exception of the postabortion care (PAC) and adolescent reproductive health (ARH) initiatives, most of the project's other interventions have reflected a similar, pragmatic approach, i.e., they seek to share and expand knowledge by exposing managers to real-world examples of successful work elsewhere in the region. The relatively few big conferences that the project has supported—such as the watershed 1995 conference on integration (Nairobi) and the 1997 conference on quality of care (Mombasa)—have focused their participants on practical solutions, such as the development of rather specific action agendas (Nairobi conference) or workplans for the participants' home countries (Mombasa).

As implied above, **PAC and ARH** fall into a different category than the other technical focus areas, and have required a different approach to and with REDSO's partners in the region. For example, in pursuing the other initiatives, REDSO/ESA and its CA partners were able to identify and utilize concrete examples of successful work in the region (and especially in Kenya, in the case of HCF and logistics). Neither PAC nor ARH had access to many successful models, at least during the first two years of the project. There was something of a constituency for both initiatives, however: ARH was high on the list of priority issues identified by REDSO and its partners in the region, although it was not formally addressed until REDSO's ARH/PAC specialist joined the staff, and PAC had been identified as a high regional priority by CRHCS, as well as by the Commonwealth Health Ministers at their 1995 meeting in Mauritius.

Even with this initial impetus for both initiatives, neither enjoyed an especially deep or broad constituency on the part of program managers within the region. REDSO's decision to include these two initiatives in the Network reflected PHD's own analysis of the significant impact that both PAC and ARH would have on the health and well-being of the population. It also reflected REDSO's readiness to exercise technical leadership in the pursuit of its development agenda.

The **Capacity Building** initiative is a theme which cuts across all of the other initiatives. Its most concrete expression is REDSO's long running institutional development effort with CAFS. REDSO has supported CAFS since 1985, initially to improve the quality of its training programs. The 1994 CAFS III agreement focuses on development of the organization's long-term, market-driven sustainability. To be sure, the CAFS activity is something of a force-fit into the Network

project; but if the organization's technical and management capacity is successfully developed, CAFS certainly has the potential to serve a valuable role (in technical assistance, training, and perhaps research) in the ESA region.

The **Cooperating Agencies Activity Tracking System** underwent a lengthy development phase, and the electronic database has yet to be utilized to the extent possible. The intended purpose is for it to be used as an information resource for partners; however, it still serves more as a project oversight tool for REDSO than as an information resource for the various partners. Similarly, the **Resource Center** functions as a repository for information for use by REDSO staff rather than as a tool to facilitate the sharing of key public health information that is of interest and use to public and private health care providers in the ESA region.

The **integration** initiative launched at the 1995 Nairobi conference and supported in various ways by Population Council, Pathfinder, and the DDM project is reaching an important juncture, as the results of the case studies and operations research are now being compiled for broader dissemination and debate. Drawing on some of these preliminary results, Pathfinder has already produced and distributed a manual for use by program partners in the region that clarifies what efforts are being undertaken as integration and what the major issues are. The parties involved in this initiative generally share the notion that more research is needed on the topic before specific recommendations can be made as to how programs should proceed in integrating services.

Among the project's several focus areas, **quality of care** is probably the most comfortably imbedded in the technical and policy vocabulary in the region. It is also one of the more difficult concepts to introduce in practice, although significant progress has been made in working with African colleagues to identify the problem areas of greatest importance. This was achieved through a series of meetings of African partners, CA partners, and NGOs working in the region, as well as through interaction with the ministers of health at their annual meeting in Mauritius, and with individuals attending the REDSO-sponsored quality of care course at Makerere University in Uganda. The culmination of this process took place at the regional Quality of Care Conference held in Mombasa in May1997. The initiative received a significant boost as a result of this conference. The same conference also served to heighten the regional visibility of the **logistics** topic and led, in fact, to several country requests for follow-up assistance from FPLM and RPM.

2. The Cooperating Agencies

Over a dozen CAs cooperate with REDSO/EA/PHD in the implementation of the Network project. Many of these CAs were, in fact, already involved in network-type tasks before (and during) the project, but their efforts were targeted almost exclusively in supporting their own projects through their country offices. Pathfinder and AVSC, for example, facilitated information sharing among their own sub grantees, but neither engaged meaningfully in any efforts to involve other parties outside these sub-grantee communities. The Network project was very successful in mobilizing the CAs to take on broader roles in the region, and especially in helping to further develop the Network project's PHN agenda. Examples include PAC (Policy Project, INTRAH,

AVSC, JHPIEGO), ARH (Pathfinder, FOCUS), integration (Population Council, Pathfinder, DDM/Harvard), logistics (FPLM, RPM), quality of care (AVSC, JHPIEGO, Quality Assurance Project), and capacity building (IPPF). BASICS, PHR, and MSH played important roles in support of the HCF initiative.

The CAs' participation in these initiatives on a regional scale was/is due directly—one might say solely—to the support and encouragement they received from the Network project and its supporters in Global/PHN and AFR/SD. Several CAs pointed out that their efforts to promote better practices in various countries have been markedly enhanced by their ability to show how those practices are being successfully implemented somewhere else in the region. Likewise, the CAs' participation in the various conferences has raised their visibility and access to other countries—recent examples being the invitations received by FPLM to visit Mozambique and Eritrea, following FPLM's presentation at the Quality of Care Conference in Mombasa.

Despite the critical role that the CAs play in supporting the Network approach, some CA representatives point out that REDSO has not yet established a consistent mode of covering the additional costs that the CAs incur when they take on Network -related activities. In some instances, e.g., Pathfinder and Population Council work on integration, the CAs received supplemental funding from REDSO and/or AFR/SD to carry out specific tasks or set of Network -related tasks. In other cases, CAs were strongly encouraged by REDSO to take on Network - related assignments and to cover the costs of those activities under the CA's available resources. This latter approach does not take into consideration agency requirements that all CA activities be "fully loaded." Under such circumstances, CA(s) may have to decide to either charge the cost to another USAID Mission(s), to cover the added cost from core funds allotted for other purposes, or to seek private funds to cover the cost of the activity. While the CAs do not seem to have brought this issue to REDSO's attention, some CA representatives contacted by the evaluation team expressed concern over their obligation to accurately attribute (and bill) their costs, lest they expose themselves to funding shortfalls and/or audit liabilities. This is, for the most, part a communications issue; the team understands that REDSO is following up with the CAs to discuss, and if necessary, address the latters' concerns.

3. Other Donors

The project has achieved modest success in mobilizing contributions from other donors. As might be expected, however, other donors are not nearly as susceptible to REDSO/PHD encouragement as are the CAs, most obviously because the former do not depend on USAID for the bulk of their funding (and direction). Given these limitations, PHD's conscious effort to package, present, and implement the Network project agenda as an African-designed, African-driven enterprise may be as effective as any USAID-supported activity can be in capturing support from other donors preoccupied with their own agendas.

Success with other donors will eventually be measured by more than just incremental resources. More important in the longer term will be the extent to which they change their development agendas to emphasize priority topics such as those identified by REDSO and its partners in

Washington and the ESA region. But until that happens, one of the Network project's special challenges remains the effort to access other-donor resources.

This difficulty in accessing other-donor resources is of special concern to the Network project. By definition, the reach of the Network project (and REDSO generally) stops at the water's edge of country-level implementation, but it is at the country level where the ultimate impact of the project's facilitative efforts will or won't be realized. REDSO cannot "go there"; it does, however, recognize that it has a legitimate role in serving as an advocate on behalf of country ministries/program managers vis-à-vis other donors when these country managers apply for assistance from those donors.

D. Project Staffing

One of the most consistent observations made by persons interviewed in the course of this assessment (including AFR/SD, CA and regional counterpart personnel) was that the networking activity is very "personality-driven."

While the project is largely the product of the PHD chief's vision, it has been further developed and fine-tuned over the past four years by an unusually talented and committed staff. Importantly, while these individuals exercise considerable autonomy in their respective fields of endeavor, they also have a strong sense of being part of a team and make a concerted effort to coordinate their activities and to learn from each other. Given the strength of his team, the PHD chief is generally able to rely on their professional judgement on technical matters, and can therefore, focus his efforts on overall management of the activity; on the relentless search for the funding and other resources needed by the project; and on maintaining focus, internal communications, and cohesiveness within the team.

The project has obviously benefitted from the high caliber of its managers. That strength, however, is also a potential vulnerability to the extent that the project's performance is so heavily dependent on the skill and commitment of these individuals. Thus far, PHD has been able to assemble a solid team by drawing on several sources of talent, including the Michigan and Western Consortium Fellows programs, the BASICS contract, TAACS, and PSCs. A Johns Hopkins Fellow will probably be recruited in the very near future to manage the new food security initiative under the GHAI. While PHD has been able to utilize these several mechanisms thus far to cobble together its project management team, the future is somewhat murky. The BASICS contract is ending in September 1998; individual staff members inevitably come and go; and access to Fellows programs requires a continuing commitment from the USAID/Washington managers of those resource pools.

Of special concern is the upcoming departure of the PHD chief, whose personal stamp is so evident on the shape and direction of the Network project. As noted above, the individual initiative managers have assumed a considerable degree of autonomy in recent years, but it would be a mistake to assume that this activity is so well-imbedded in the fabric of REDSO operations that it will be insulated from the effects of a new PHD chief's inadequate or marginal

commitment. The cautionary aspect of this observation is obvious—that USAID/Washington and REDSO should take a proactive role in

1. stabilizing the personnel recruitment mechanism used to staff the project

2. identifying and recruiting an especially competent officer to succeed as PHD chief.

V. STRENGTHS AND WEAKNESSES

The networking approach adopted by the REDSO/ESA PHD office represents a strategic shift in the manner in which that office, and ultimately the entire REDSO/ESA Mission, hopes to achieve its development objectives. The networking approach has led to the development of a Regional Strategic Objective(SO) by the PHD, which has been included in the Mission's current Strategic Plan.

The strengths and weaknesses of this strategic shift on the part of REDSO/ESA and its implementation during the last (approximately) four years may be divided into two categories:

- **strengths and weaknesses inherent in the strategic approach/shift which networking represents (DESIGN)**

- **strengths and weaknesses associated with REDSO/ESA's application of the networking approach (IMPLEMENTATION)**

It is important to note that many of the evaluation team's findings and observations suggest that in some areas there is considerable overlap among the strengths and weaknesses of the Network approach, and that some aspects of the current approach represent strengths and weaknesses at the same time.

A. Design

1. Strengths

- **Many of the countries in the region are confronting similar problems and pursuing similar policy reform agendas and are, therefore, potentially ripe to the networking approach.**

The identification of the technical areas/issues addressed by the Network project was/is based primarily on their relevance and importance within the region. A survey of key decisionmakers within the region was used to identify those relevant and geographically cross-cutting issues that the decisionmakers considered priorities. This has been an on-going and continuous process

carried on in all fora related to networking activities in each of the focus areas. Health care finance reforms, the improvement of the quality of care of health services, the improvement of logistics management, and better integration are examples of such issues which were identified by Network partners and taken on as Network technical focus areas. Additional criteria which REDSO/ESA incorporated into this identification process included the susceptibility of an issue to being addressed through the networking approach, USAID's comparative advantage(s) in certain technical areas, and the REDSO's technical capacity to respond. As a result of the process, health care finance reforms, the improvement of the quality of care of health services, the improvement of logistics management, and better integration are examples of such issues which were identified by Network partners and taken on as Network technical focus areas.

Some partners who may not have participated fully in this selection process (and may not be aware of the criteria) have questioned these choices and/or suggested the inclusion of others, such as HIV/AIDS, which is addressed in the integration of services focus area, but is felt to be of sufficient importance within the region to merit its consideration as a separate focus area unto itself. The REDSO/ESA Mission may choose to periodically revisit the choice of technical focus areas. Additionally, some technical focus areas may benefit from refinements (i.e., emphasis on key questions within the focus area) as countries progress with their reforms. REDSO anticipates such periodic review in the planned Fall 1998 meeting to review progress and future directions in the integration of services area.

The approach has allowed the REDSO Mission to expand its role to include support and assistance beyond its traditional partners/clients (USAID Missions within the region) to include Cooperating Agencies (CAs), bilateral projects, NGOs, and government institutions throughout the region.

In each of the technical focus areas addressed by the Network , REDSO/ESA has successfully provided assistance and facilitated networking activities with a variety of partners beyond USAID Missions, the traditional and sole REDSO partner in the past. The Network approach has, therefore, allowed REDSO to go beyond a traditional role limited to project development and evaluation support to the Missions. This is, however, a role which they must still continue to play. While such an expansion of roles and scope has the potential to create resource conflicts and tension at times with Missions, this has been avoided. In order to avoid this potential conflict, REDSO has shown and convinced Missions that networking is not a separate activity, but is a fully integrated extension of their support role. REDSO/ESA has also expanded the size of its professional staff in order to address the additional demands inherent in the approach. Almost all of the partners interviewed saw this expansion of role/approach as a positive force, unique among donors in the region, in promoting health reforms in the region.

- **The approach has allowed and encourages the REDSO Mission to assume a proactive approach and to demonstrate technical and institutional leadership in shaping the regional agenda without abandoning its USAID Mission support and service role.**

This observed strength of the Network approach is most evident with regard to two of the technical focus areas: PAC and adolescent reproductive health. In both of these areas, the REDSO/ESA Network project has played a leadership role within the region in raising concerns and consciousness around these issues among decisionmakers, and then demonstrating ways in which they might be addressed within individual countries. The need for the Network to raise consciousness within USAID itself as part of this exercise should not be ignored. In some cases, partners indicated that Network activities moved issues to the front burner.

Due in part to the Network approach and its activities, it would appear that USAID is currently regarded as a major technical leader within the region with respect to virtually all of the technical focus areas, including: health care finance, PAC, adolescent reproductive health, improving quality of care and logistics management, and integration of services.

- **Networking activities allow USAID to leverage its investments in bilateral activities by sharing them within the region, thereby reducing the cost and development time of similar activities elsewhere in the region.**

The development of health care finance policy reform options and their implementation in several countries in the region demonstrates the ability of the Network approach to reduce the cost and duration of this process. The Network effectively capitalized on the presence of a successful health finance policy reform initiative in Kenya to encourage and support similar efforts in Uganda, Tanzania, and Ethiopia. This model had been developed with bilateral support from the USAID/Kenya Mission. Participation in Network activities allowed this project to expand its scope and impact beyond Kenya, to include several of the Network partners. The use of the Kenya model to share with these regional neighbors is unique to the networking approach, and would probably be difficult to reproduce through traditional technical assistance (TA) mechanisms. Neither bilateral projects nor CAs (even those with regional offices and presence) place as great an emphasis on the sort of project-to-project sharing that characterized the exchange(s) in this instance. The pace of HCF policy reform implementation in each of these countries has, apparently, benefitted due to this support from the REDSO Network .

- **By grouping partners from within the Network , it is able to achieve economies of scale and/or the critical mass, making certain activities more cost effective and justifiable.**

By bringing together interested parties from around the region, the Network was able to gather the critical mass necessary to hold a number of significant events which would have been neither

technically feasible nor financially justifiable (especially in terms of the use of expensive outside technical assistance resources) at a smaller, perhaps country-level scale.

- **Networking activities have allowed USAID to leverage other donor resources.**

Follow-up activities to Network initiatives in countries have benefitted from the support of a wide number of donor sources. These have included the individual USAID Missions, other USAID central sources, the World Bank, DFID, Swedish SIDA, and others. It would appear the Network project has truly played a catalyst's role in many of these instances in terms of focusing attention and some initial financial resources in order to allow local resources to take the lead as activities move towards direct implementation.

- **Networking activities have assisted USAID Missions in the region to incorporate important activities into their individual results frameworks.**

Clearly the inclusion of activities around the issues of HCF, PAC, adolescent reproductive health, and quality of care are examples of how the Network approach has helped USAID country Missions to adapt their results frameworks. Network activities around PAC, for example, coincided with and were subsequently incorporated into the redesign of a bilateral health project in Malawi. An initially/formerly skeptical PHN officer interviewed indicated that this support and assistance from the Network team was most appreciated and important in helping them to find ways to address these important health problems within their country portfolios, and they are now "satisfied customers." Other PHN officers were more supportive from the start, but indicated they "liked the networking approach," were "enormously positive," and "well served by REDSO."

2. Weaknesses

- **Not all of the potential collaborators are, as yet, familiar/comfortable with the Network approach, limiting their effective participation.**

It has taken time for several of the potential collaborators to understand and appreciate the change in REDSO's approach that the Network represents. Not all of the potential collaborators agree that networking is either effective or represents value added above and beyond what assistance might be obtained through more traditional technical assistance mechanisms. The large majority of those interviewed by the evaluation team were, however, quite enthusiastic in their support of the approach and are actively seeking the Network's input and collaboration in their programs. The Network should be patient and persistent in creating opportunities for a greater number of collaborators to become involved in any way possible.

- **The Network approach does not eliminate/reduce the demand on REDSO/ESA personnel to play their traditional role of support and assistance to USAID Missions in the region, creating time/resource pressure on REDSO personnel.**

This situation has the potential to create tension both within REDSO and between REDSO and country Missions whose demand for traditional REDSO support activities has not been reduced by the initiation of Network activities. Network activities have expanded the scope and volume of REDSO/ESA's reach and impact, but REDSO/ESA has acknowledged that the Network cannot be seen as diverting needed assistance away from its primary function and has sought to demonstrate that the Network is a fully integrated, and perhaps better, way of meeting those needs. REDSO has recruited and added staff with appropriate technical skills in order to meet demands as the Network has moved into new technical focus areas. The placement of the Network secretariat (through the BASICS DO) within REDSO has been essential in providing key support functions to allow REDSO to keep up with Network initiatives and growing demand.

- **The lack of assured and dedicated funding for Network activities raises questions about the financial/resource sustainability of the approach and the activities and initiatives which it has facilitated to date.**

The Network has, to date, been funded through a variety of sources, some of which have been identified on an apparently opportunistic and ad-hoc basis. This is indicative of the creative and energetic approach to networking demonstrated by REDSO/ESA. Classically REDSO receives limited OYB funds each year to support TDY costs of Mission support activities and some limited program activities. It is unclear whether these new Network funding sources (OYB transfers, field support funds from a variety of sources, fall-out money) will be available in the future to finance the continuation of activities and initiatives. If these sources and (approximate) levels of funding are not available in the future (or alternatives identified), then the Network's activities will be seriously jeopardized.

- **A fully developed framework for monitoring and evaluation of Network activities was not developed, either for the Network approach/strategy or the specific technical focus areas.**

A fully developed framework for monitoring and evaluation of the Network's activities was not developed. This may be, in part, due to the nature of the Network and the difficulties associated with development of appropriate indicators of its activities/impact. The flexible/responsive nature of the Network also means that it may be difficult to predict outcomes far in advance. As a result, it has proven difficult/impossible to objectively assess the impact or effect that the approach has had on policy reform and implementation in the region. REDSO is aware of this weakness.

REDSO/ESA did not keep track of the all resources consumed by/dedicated to the Network. This limits the ability of the Mission to draw cost-benefit type conclusions about the approach. It also makes it difficult to measure the approach's relative success in leveraging funds and resources from other sources. REDSO is aware of this weakness in its monitoring systems and has plans to address it in the future. This information will assist PHD advocate for the extension of the Network approach in the future.

- **The assessment of the Network's effectiveness and/or impact is complicated by the fact that many of the outcomes, effects and impacts of networking activities may take place without assistance or input from either REDSO or USAID country Missions.**

The concept of networking is based upon the idea that parties can come together and interact in a planned event or fashion, but that they will then continue to define their own methods, pace, and opportunities to continue their mutually beneficial interactions in the future. These continued interactions can be quite spontaneous and may not require the input or resources from the original facilitator (i.e., REDSO/ESA). This complicates the task of assessing the extent to which these subsequent interactions can or should be attributed to the original networking activity.

B. Implementation

1. Strengths

- **REDSO/ESA personnel have been aggressive, creative, and successful in identifying and securing resources to support the Network approach and its activities.**

While this does represent an important strength of the Network's implementation, it is important to note that there is no regularized accounting or tracking for all the resources that were mobilized in support of the Network. A system which will permit the tracking of resources from all sources is being established by REDSO. The lack of such a system, of course, makes cost-effectiveness-type analysis impossible. Nonetheless, it is clear that REDSO/ESA has been tireless in its pursuit of resources that might contribute to the Network's activities. PHD will seek support for more stable OYB funding for Network activities. This does/should not preclude an aggressive approach by PHD to identification of additional sources of support.

- **The USAID Global and Africa Bureaus have been supportive (both technically and financially) of the Network approach and its activities.**

The importance of USAID/Washington funds to the operation of the Network is clear. REDSO/ESA's challenge is to ensure that these USAID/Washington resources are supportive of the goals and objectives of the networking program.

- **The personnel employed by REDSO/ESA to implement the approach have exhibited impressive and laudable levels of technical competence, dedication, and stamina in advancing and supporting activities in their respective technical focus areas.**

By all assessments and observations, much of the Network's success has been due to the quality of the team that has been assembled by REDO/ESA. All levels of Network participants expressed a high regard for the technical competence of the REDSO/ESA Network team.

- **REDSO/ESA has successfully engaged a large number of partners throughout the region in Networking activities.**

One need only consult the reports from the workshops that the Network has organized to see the impressive numbers of participants (each participant becomes a potential partner) that have been contacted and drawn into Network activities. While not all of these individuals (nor necessarily the institutions they represent) have been engaged in follow-on activities through the Network, a large number have. This builds a regional consensus and momentum around the chosen issues that appears to have been a positive force in moving ahead in many areas and countries.

- **The Network partners have expressed satisfaction in the Network's approach and success in promoting technical exchange and channeling/mobilizing important human, technical, and financial resources.**

Those interviewed were virtually unanimous in recognizing the importance of the Network approach in promoting important reforms and initiatives within the region. Many of the participants underlined the value of the shared experience approach and the promotion of south-south technical exchanges and assistance. Appreciation for the fact that REDSO was doing through the Network something no other donor did was echoed by participants. Even the lone dissenting PHN officer who was not supportive of the Network's role, utilized the Network extensively in support of several bilateral initiatives.

- **There were a number of successful bilateral projects within the region which were available as positive regional models for networking.**

The regional networking approach could not have succeeded (or probably even been initiated) in the absence of regional examples which could be shared and modified by partners within the region. The presence of the successful health care finance project in Kenya provided a model (it is important to note that the model need not always be positive, as in the case of the Kenya National Hospital Insurance Fund) which could be shared with Network partners from other countries in the region. Other such projects/examples existed in the areas of quality of care, logistics management, and integration of services. In each of these areas, the Network has effectively utilized the existing projects as the background for dialogue and sharing of experiences and solutions.

It must be noted that this sharing of bilateral resources necessarily requires discussion with the individual USAID Mission(s). Several PHN officers reported that this amounted to a diversion of resources from their intended purpose, and did not occur without occasional difficulties. In one instance, the Mission has begun to negotiate with REDSO/ESA to ensure that the Network will assume the full cost of its use and reliance on these types of bilateral resources in the future. This same Mission participates in and benefits fully from networking activities.

- **USAID Missions have generally allowed/encouraged the participation of their bilateral partners in networking activities.**

Individual USAID Missions appear to have been extremely constructive in allowing and even supporting bilateral partners to engage in Network activities. In many instances, this participation did not necessarily or directly contribute to meeting bilateral objectives or results; but without this participation, the Network approach would have been far less effective. It should be remembered that it was the USAID/Kenya Mission's willingness to share its experiences/expertise in health care finance that supported the initial development of the approach.

- **Network activities have allowed REDSO/ESA to support and facilitate an advocacy role around several of the technical focus areas.**

It is clear that the Network has played a leading role in advocating for the inclusion of PAC and adolescent reproductive health in the health reform agendas in several countries in the region. While the issue may have been known to Network partners, it was (by their admission) the Network activities that brought these issues into focus and onto the current agenda.

- **REDSO/ESA has maintained its role as Network facilitator/catalyst and successfully avoided the temptation to become involved in the details of reform and implementation activities at the country level.**

The potential danger/trap for the Network is that it (its personnel) will become involved in supporting the nitty-gritty technical details of implementation and lose its role as a facilitator or matchmaker.

- **The placement of the Network secretariat within REDSO (supported through the BASICS delivery order) was crucial to supporting the many activities facilitated and orchestrated by REDSO/ESA through the Network.**

REDSO/ESA personnel emphasized the key role which the secretariat played in supporting the Network. The flexibility on the part of BASICS and REDSO to allow these support positions to be located directly within the Mission was crucial to the development and effective functioning of the Network.

2. Weaknesses

- **The lack of a dedicated and assured source of funds to support the Network and its activities has forced it to be opportunistic/reactive in the choice of technical focus areas and issues to be addressed.**

Much time and effort have been spent by REDSO/ESA chasing (successfully) funding for the Network. Were a stable and defined source of financial support available, this time and effort could be redirected towards furthering the Network's technical agenda. It has also meant that REDSO/ESA has had to, in some instances, adapt its technical priorities to align with available sources of funds. The Network should be freed from having to take this Willie Sutton ("because that's where the money is...") approach to addressing technical issues and assuring its financial viability. Of course, the availability of stable/predictable OYB support for the Network's activities does/should not preclude seeking additional resources through such opportunities.

- **The use of centrally funded technical assistance projects as implementation mechanisms or financial conduits has, in some cases, proven to be administratively cumbersome and has created frustration(s) on both sides.**

As a response to the advent of field support funds, reductions in core funding for CAs, and the USAID requirement that each CA task be "fully loaded," CAs have adopted a cash-and-carry posture/strategy in their relationship with USAID Missions. From the perspective of the CAs, REDSO has not always appreciated the fact that additional Network activities undertaken at the request of REDSO will require additional (fully loaded) resources from REDSO. From the REDSO perspective, this response to request(s) is sometimes seen as not within the spirit of the Network's partnership approach. These different points of view have not yet posed a serious obstacle to Network activities, but they do inhibit closer and wider collaboration and perhaps communication between REDSO and Network partners. REDSO and CAs should continue to work together on this point in order to better understand each other's constraints and to foster greater levels of partnership and collaboration.

- **Corporate business concerns on the part of participating institutional contractors and CAs have, in some instances, limited Network implementation options.**

USAID's procurement integrity regulations generally require organizations or persons who have been materially involved in the development/design of a new USAID-supported initiative to disqualify themselves from competing for grants or contracts subsequently developed under that activity. The BASICS group (The Partnership for Child Health Care, Inc., and its partner firms) has been, consequently and understandably, cautious in allowing its REDSO-based staff (i.e., the Network coordinator) or short-term technical consultants to become involved in any action/activity that might subsequently prejudice their future business interests. BASICS' cautionary approach to these issues has tended to make them, at times, less responsive in the eyes

of REDSO to the overall needs of the Network activity. Procedures have been developed to guide REDSO and ESA Missions in decisions regarding the use of CA personnel in such situations.

- **The process by which institutions are included in Network activities does not appear to ensure that all potential partners are included.**

The identification of partners was initially based upon the contacts within the region that REDSO personnel had developed on their travels. It is unlikely that this initial list included all of the interested and relevant participants within the region. The Network has effectively worked (and must continue to work) to expand and widen its circle of participants. This is necessary as the technical agenda evolves, as activities generate attention and interest, and as others make themselves known and come to the attention of Network partners. All Network partners (not just REDSO/ESA personnel) should be encouraged to identify potential collaborators for the Network.

- **The Network has not fostered as many CA to CA partnerships and networking opportunities as it might have.**

Network partners indicate that the approach has been generally developed with REDSO at the center and linkages developed as spokes of a wheel emanating from the hub. These partners indicate that REDSO should encourage/promote and provide incentives for the partners to develop linkages amongst and between themselves. This may reduce the central role of REDSO, but will almost certainly enhance the scope and effectiveness of the Network and the impact attributed to this approach.

There are, however, examples of CA-CA networking developing around the issue of PAC in Kenya. Members of a working group (initiated by REDSO) initiated a pilot test on their own initiative, which has led to the approach used in the implementation of Kenya's Postabortion Care National Expansion Plan. Opportunities such as this, where all of the partners work together through shared expertise and resources, are to be encouraged.

CA-CA relationships are also evident in the quality of care area as AVSC and QAP continue to develop concepts together and to coordinate meetings and activities. There is a strong CA-CA set of relationships among the CAs involved in the first steps of the GHAI. OMNI and LINKAGES, together with BASICS and QAP, have developed direct, routine working relationships with one another.

- **The workshops and conferences organized and facilitated through the Network were judged by some participants as too broad/general and at times appeared to be aimed at providing participating CAs with the opportunity to drum up business.**

This observation by some participants may be a natural result of large events that bring together participants with a wide range of practical experiences in the field. Naturally, some projects and institutions represented are far ahead of others in planning and implementing any reform when the range of participants includes more than a dozen countries. Those that are further advanced are sometimes frustrated by attempts to use these events to bring others up to date and up to speed rather than allowing the more advanced institutions the opportunity to create detailed plans for the future.

- **The success of the Network approach to date has been (at least in part) dependant upon the high quality of the individuals involved, raising questions about the human sustainability of the approach.**

It is safe to assume that the key to the Network's success may also be its greatest vulnerability. The long-term success of the approach will depend upon REDSO's ability to attract dedicated technical experts who are committed to the approach, as well as to the long days and hard work which appear to go with the job. The future pool of such personnel is potentially limited.

- **It is clear that the REDSO/ESA Network team did not possess sufficient resources (financial and/or human) to adequately follow through on and support all of the potential opportunities for interaction presented by Network activities.**

Limited resources (time, personnel, money) have forced the REDSO/ESA Network team to choose among the many potential opportunities to follow through on and to support. Follow-through activities have been substantial and important; the entire team is extremely active and busy. The process by which the team members choose among opportunities includes questions such as feasibility of follow through and its impact; is it implementation orientated; timing of the request; personal interest of team members and their availability; availability of resources to follow through to completion; and does the host country and/or Mission want the activity. These questions and the process do not appear to be articulated formally, but team members expressed many of the same ideas in discussing this point.

VI. ASSESSING IMPACT

The Health Network Project presents special challenges to the assessment process. The project plays an essentially facilitative role which, if successful, will result in other parties taking action, but once those other parties do take action—e.g., adopt new policies, program interventions,

training initiatives, etc.—it is not possible to determine the extent to which those actions are attributable to REDSO's efforts. Even the appearance of Network-related components in the R-4s of USAID Missions in the ESA region is not a foolproof indicator of the Network project's help or influence.

Given these limitations, the assessment team relied heavily on the observations of project partners and customers, including host country officials, USAID PHN officers, and CA representatives, to develop a sense of the project's impact across its several initiatives. The team's conclusions are inevitably impressionistic; we are confident, however, that these impressions convey a reasonably accurate picture of the project's performance.

1. ***Program Initiative:*** **a) The Cooperating Agencies Activity Tracking System (CAATS)**
b) The Regional Healthnet Newsletter
c) The Resource Center

A. Objective

Support the networking activity by facilitating the coordination of CA activities in the region; promoting communication and collaboration among CAs, the Missions, and other partners; and by providing feedback on program status to USAID/Washington.

B. Strategy

a) **CAATS:** Develop an electronic database which provides a "snapshot" of regional activities, quarterly meetings between CAs and REDSO to share information; ad hoc information sharing meetings; and an annual CA roundtable meeting to discuss relevant regional issues identified by the partners. The CAATS database was developed in conjunction with the CAs, incorporating information they identified as potentially useful.

b) **The Regional Healthnet Newsletter:** Draw upon CAATS and other sources for information about important activities or developments related to the Network's initiatives, about upcoming workshops, and about relevant research findings, training materials, etc., useful to program managers in the region.

c) **The Resource Center:** Collect and manage a variety of public health information and documents pertinent to networking themes; make those materials available to interested parties within USAID, ministries of health, private health care providers, consultants, and other major players in the health field.

C. Impact

1. Regional

a) **CAATS**: CAATS is intended to serve as a regional communication tool. There was a lengthy software development process during which time the electronic database underwent several revisions to make it more user-friendly. As a result of several problems associated with making the program compatible with nine different CA systems, the database has only recently become fully functional. To date, one CAATS report has been produced. While the CAs do not believe that the document provides the information they need for substantive planning purposes, they do see it as a moderately useful device to broaden their knowledge of each others' activities. Several CAs have expressed their appreciation to REDSO for the latter's efforts to keep regional CAs updated, informed, and involved through the quarterly CAATS meetings.

b) **Healthnet Newsletter:** The newsletter serves as the one widely available source of information on the overall networking program. No other public document consolidates project information for program managers, USAID PHN officers, CA representatives, and/or other relevant members of the development community. This is significant not only for the information the newsletter conveys, but also because few parties outside of REDSO and the participating CAs are aware that the several networking initiatives were selected and are being addressed within the context of a networking strategy.

c) **Resource Center:** The center has only been in effective existence for about six months and has not yet had an opportunity to function up to the scale originally envisioned. That role will not be realized until (and unless) the center assumes a broader, essentially electronic-information-management capacity. That will require the optical scanning of much of the hard copy materials now available in the center; accessing other electronic-based media such as POPLINE and CDIE; and taking fuller advantage of the many materials available over the internet, including those available through the many web sites maintained by USAID-supported CAs. In the meantime, the center manager and center equipment are utilized to prepare and distribute the Healthnet Newsletter and other important announcements to partners and counterparts in the region.

2. Country Level

a) **CAATS:** As noted previously, CAATS is primarily an information management system used by REDSO/PHD and its partners to coordinate their activities at the regional level. Aside from describing and sharing, in summary fashion, the

country-level activities of the various CAs, its primary utility is that it supports partner coordination at the regional level.

b) **Healthnet Newsletter:** The newsletter's readership is for the most part comprised of program managers responsible for activities at the country level and below. The newsletter exposes them, in the best sense of the networking principle, to information, new developments, research findings, and training opportunities elsewhere in the region. Distribution of the newsletter might be somewhat spotty; four USAID Missions (Zimbabwe, Malawi, Tanzania, and Somalia) indicated that they have never received copies of the document.

c) **Resource Center:** The center is not designed to serve country-specific objectives. As noted above, however, it does play a key role in preparing and distributing the newsletter and occasional announcements/documents to other USAID Missions, counterparts, and partners in neighboring countries.

D. Team Observations

The Network project's information management and dissemination tools (CAATS, Healthnet Newsletter, and the Resource Center) are useful adjuncts to the overall project, though probably not as useful as had originally been hoped by their PHD managers.

2. Program Initiative: Capacity Building: Centre for African Family Studies (CAFS)

Capacity building is a cross-cutting theme in networking. A major effort further to this theme is REDSO's support for the Centre for African Studies (CAFS). Under the CAFS III project, REDSO is helping the organization to develop and strengthen its management and technology transfer systems, and to facilitate CAFS' attainment of long-term market-driven sustainability. As CAFS is the primary focus of the Network project's capacity-building effort, it is the focus of the following summary. A broader discussion of the project's capacity-building activities would include reference to, *inter alia*, the project's work with the East, Central, and Southern Africa College of Nurses (ECSACON), and REDSO's role in facilitating the development of a Quality of Care Certificate Program at Makerere University.

A. Objective

Develop within CAFS the requisite managerial, technical, and entrepreneurial capability to become a stable, self-reliant, market-oriented institution that can effectively transfer modern reproductive health technologies to both private and public sector programs.

B. Strategy

Under the terms of a six-year cooperative agreement, provide intense technical assistance, staff training, and operating systems development during the first two years, followed by four years of "performance-based" funding. During this latter phase of the project, the level and availability of

further (REDSO) funding will be determined by CAFS' success in organizational development, its ability to deliver services, and its success in developing alternative sources of income.

C. Impact

CAFS has undergone dramatic institutional change under the CAFS III agreement. Of particular importance is a change in the corporate culture of CAFS and an evident move toward a market orientation. In recent months several new agreements have emerged whereby CAFS will provide services to organizations such as GTZ, UNFPA, SIDA, Rockefeller Foundation, Exeter University, and USAID Missions in the Africa region. These latter agreements (e.g., USAID/Malawi's request that CAFS provides a number of training programs for the Mission's partners) are especially noteworthy in view of CAFS' shaky relationship with USAID Missions in the past, due to the erratic nature and quality of CAFS services.

CAFS has also developed agreements with several CAs to jointly provide training and technical assistance. Under these agreements, CAFS staff are teamed with CA consultants in a mentoring relationship, further building the capacity of CAFS to provide these services in the future. REDSO has been instrumental in facilitating these agreements. For example, a POPTECH/CAFS team provided technical assistance to the Zimbabwe National Family Planning Council (ZNFPC) to identify options for attaining organizational sustainability, SARA and CAFS are collaborating in developing and presenting a regional workshop on advocacy, and CAFS is providing training through a sub-agreement with JHPIEGO under the REDSO/WCA FPSF project. CAFS is playing a role in the Health Network activities; in cooperation with JHPIEGO, CAFS developed a training module in PAC counseling and will be part of the facilitation team in the REDSO-sponsored consultants skills workshop. CAFS is also working with POPTECH to develop a consulting unit to facilitate the utilization of African consultants in the various networking focus areas.

D. Team Observations

If CAFS continues to perform satisfactorily in meeting its institutional development objectives, REDSO should consider utilizing CAFS to undertake additional tasks under the Network project. Such tasks might include the organization and management of key workshops, conferences, or study tours; coordination of operations research; and most obviously, training of regional personnel in technical topics relevant to the Network's priority areas of involvement. The objective of delegating these assignments to CAFS would be to facilitate the gradual transfer, over the next several years, of networking responsibilities to African partners, i.e., to CAFS, as well as to other African institutions in the ESA region.

3. Program Initiative: Adolescent Reproductive Health (ARH)

A. Objective

- Stimulate and generate interest and attention for adolescent reproductive health

- Increase and share knowledge of current adolescent health status, behaviors, services, programs, and stakeholders

- Increase the skills and competencies within USAID Missions and their partners in the design, implementation, monitoring, and evaluation of ARH programs

B. Strategy

Increase and share knowledge about the special health risks faced by adolescents; examine behaviors which expose adolescents to these risks and the health services currently available to address adolescent needs. Develop and share information demonstrating how efforts to address ARH issues can contribute to the achievement of the overall goals of national reproductive health programs.

C. Impact

1. Regional Level

The ICPD (Cairo, 1994) and the HIV/AIDS pandemic helped bring ARH issues to the attention of regional health leaders before REDSO's involvement in this topic began in earnest in 1996. Virtually none of the countries in the ESA region had meaningful ARH programs in place, or in planning stages, by the end of 1996. The situation today is clearly changing: ARH is a fixture on the health agendas of all regional fora dealing with reproductive health issues. And while some country-level decisionmakers are still reluctant to initiate ARH programs for political/cultural reasons, they are increasingly more open to opportunities to discuss and examine practical approaches to the issue. It is impossible, of course, to determine with any precision the extent to which the Network project's case studies, technical assistance visits, study tours, and information-sharing contributed to this progress, although such impact is more evident at the country level (see below). It is safe to assume, however, that the Network project's role in expanding the information base among the key players—and in being so persistent in its promotion/advocacy efforts—represented substantive, contributory factors to the changes currently taking place in the region.

2. Country Level

By 1996, most USAID Mission PHN officers in the ESA region were becoming increasingly aware of the importance of ARH to the attainment of the overall objectives of their bilateral assistance programs. They still lacked, however, the analytic tools, the better-practices models, and the "selling points" they needed to successfully incorporate ARH components into their country programs. The Network project was directly responsive to these needs in several countries in the region. For example, REDSO arranged and supported (with USAID/Kenya and FOCUS) an adolescent assessment in Kenya, which subsequently lead to the development of a results framework and identification of ways to integrate ARH elements into the bilateral program. REDSO conducted a half-day workshop on adolescent issues for USAID PHN officers at the June 1997 SOTA course, and has provided technical assistance in Zambia and Malawi as they begin to integrate ARH activities into their programs. The Zambia TA effort led to the

development of the ARH working group, and the Mission put some field support into FOCUS. In addition, FOCUS named Zambia as an emphasis country. The Malawi TA effort has led to a GOM request for an adolescent country assessment and additional TA toward the development of a five-year strategy to address ARH concerns in that country. Similarly, Tanzania and Madagascar are now interested in assistance from REDSO to help in planning by initially conducting country assessments.

D. Team Observations

Even with the growing awareness of the special risks being faced by youth—not the least of which is their proportionately greater risk of contracting HIV—many decisionmakers are still squeamish about the topic of adolescent sexuality. REDSO, along with UNFPA, is one of the few consistent "movers" on this important theme in the region. There is clearly a continuing need for REDSO support in this area, especially in helping move the ARH agenda from international fora into the clinics, schools, and workplaces in the region.

4. Program Initiative: Postabortion Care (PAC)

A. Objective

- Increased awareness of unsafe abortion and PAC
- Strengthened regional and local capacity to advocate for PAC issues and to plan PAC programs
- Increased investment in PAC from USAID, implementing agencies, other donors and governments

B. Strategy

Increase awareness among USAID missions, CAs, other donors, and local counterparts regarding the magnitude and issues of unsafe abortion as a public health concern in the region; identify what PAC comprises; explain USAID policy on PAC and mechanisms for assistance; and identify options for planning and implementing PAC activities.

C. Impact

1. Regional Level

Most of the impact of the PAC initiative has been at the country level (see below). That impact, however, has been spurred by the Network project's success in establishing a sense of legitimacy around the PAC topic—not least within USAID Missions and USAID/Washington—by developing materials, by holding several brown-bag sessions in Washington with various working groups, by PAC's prominent treatment at the June 1997 SOTA course, by REDSO's ability to show decisionmakers that they are part of a larger group of professionals who are facing similar problems in addressing PAC issues, and by project-initiated opportunities for

clinicians and program managers to visit/observe innovative PAC programs in the region. The Network project has also supported regional-level advocacy and information-exchange efforts by developing, producing, and disseminating tools such as the "What Can You Do? Postabortion Care in East and Southern Africa" brochure (4000 distributed to date), and a PowerPoint presentation for use in Washington, at the Africa SOTA meeting, and at regional- and country-level advocacy workshops. (Malawi, for example, uses the presentation in medical schools; AVSC uses it for staff development; and a Ugandan physician (Dr. Mirembe) used it to make a presentation to the African Association of Ob/Gyns.) REDSO also facilitates professional meetings on PAC among key Africans (Tanzania and Uganda); and by acting assertively with key CAs (AVSC, JHPIEGO, Population Council, FPIA, and Ipas) to encourage coordination of their PAC activities in the region. Finally, the October study tour to Ghana (see below) has produced a second-bounce effect, whereby an African regional Network has emerged among the study group's participants.

2. Country Level

REDSO's fingerprints are on much of the country-level PAC work currently under way in the region: Country-level assessments have been completed in Zambia and Uganda, a country assessment will take place soon in Malawi, and Kenya is initiating a study to look at the feasibility of training private nurse midwives to provide PAC services.

USAID/Uganda's decision that INTRAH and DISH would pilot test PAC training for nurse/ midwives can be traced in good measure back through a process that included 1) a REDSO visit to Kampala to participate in an Ipas/Makerere University workshop on dissemination of PAC study results; 2) REDSO's organization and funding of a country assessment (with representatives from DISH, Makerere University, the POLICY project, and REDSO); and 3) REDSO TA in support of a two-day PAC planning workshop in Kampala.

In Tanzania, the USAID PHN officer reports that Tanzanian participation in a REDSO-organized study tour to Ghana (October 1997) has stimulated fresh thinking about PAC within the Tanzania health community. He pointed out further that the health ministry is still reluctant to move assertively on the topic because of its, in the ministry's view, political sensitivity, but the PHN officer is looking to REDSO to continue its supportive role for what he expects to be a long-term effort to promote policy change in Tanzania.

Eight delegates from South Africa, Uganda, Tanzania, and Zambia participated in the October study tour to Ghana. At the conclusion of their visit, the delegates prepared action plans for strengthening PAC services in their own countries. Those countries are at various stages in implementing those plans. Tanzania, as noted above, is proceeding cautiously. In Uganda, the participants are working with DISH, INTRAH, IPAS, and UNFPA to review, refine, and test a PAC curriculum for midwives. In Zambia and South Africa, the participants have begun their internal "lobbying" activities vis-à-vis their respective health ministries, midwife and nurse associations, and medical associations. Zambia, in fact, has already enacted important policy

changes which lay the foundation for changes to expand the role of nurse/midwives, and is now planning for a large training program.

D. Team Observations

PAC addresses a major health problem—very high maternal morbidity and mortality from unsafe abortion—which has not been adequately recognized by many health ministries, other donors, or USAID Missions in the ESA region. Indeed, PAC is notable for its continuing absence from most USAID Mission Results Packages. REDSO is taking the lead in helping its USAID colleagues take a closer, better-informed look at the role which PAC can play as part of a comprehensive reproductive health program. These efforts are bearing fruit in important places: USAID Missions in Zambia, Kenya, and Malawi have requested further technical assistance from REDSO to help them develop PAC programs.

5. Program Initiative: Quality of Care

A. Objective

1. Identify better practices and lessons learned from them, which have been shown to result in quality improvement in six regionally-selected priority areas:

Standards and Guidelines	Training	Supervision
Quality Assurance	Logistics	Cost and Quality.

2. Share, adapt, and expand the use of these better practices within the region.

3. Influence USAID Mission and national strategies in the expansion and acceleration of quality improvement.

B. Strategy

Conduct a regional priority setting conference to delineate the many interventions and support system topics which influence quality of care. Using consensus among USAID partners, Ministries of Health, NGOs, private sector practitioners, determine focus areas to receive priority attention. Using the six selected focus areas, identify lessons learned and better practices which have been institutionalized, have the likelihood of being able to be replicated, and which have a measured track record showing that they improve the quality of care (i.e., models and technologies that work).

C. Impact

1. Regional Level

REDSO designed and managed the priority selection meeting held in September 1996 and played a key role in elevating the visibility of quality of care issues in the ESA region, specifically in establishing consensus in support of a regional focus on the six priority focus areas mentioned

above. These areas have been widely accepted, and all of the quality of care activities directly relate to these six topics. REDSO technical assistance and support to partners was singularly useful in the development and launch of a quality improvement foundations course conducted by the Ministry of Health, Uganda, Makerere University, and other partners. REDSO and Makerere University are cooperating to develop a diploma course in quality improvement, a course which has the potential to significantly expand a cross-national pool of people having essential skills in quality-of-care-related fields.

REDSO and its key quality of care partners were invited to the CRHCS minister's meeting to present the quality of care network approach; the ministers subsequently resolved to include quality of care as a priority concern and activity area on their agenda.

A search was undertaken by REDSO and many of its partners to identify "better practices" in each of the quality improvement areas. A set of criteria was used to identify over 40 better practices in the 6 priority areas.

These better practices were featured at a conference (Quality Improvement for Reproductive and Child Health in East and Southern Africa: Lessons Learned from Better Practices) held in Mombasa last year. One hundred and sixty participants from 14 countries in the region participated in the sharing and planning exercises featured at the conference. A few examples of better practices featured at the meeting include, within the "Standards and Guidelines" priority: **dual protection** using the no missed opportunities approach used in the private sector in Kenya, and **visual screening for the detection of cervical cancer**. Under "Logistics": the FPLM/MOH logistics unit model for **LMIS and forecasting** were featured. The COPE model using **all site/on site problem solving** was featured within the "Quality Assurance" priority. A compendium of the 40 featured, plus several newly identified better practices within the 6 topic areas, is being compiled as a "Compendium of Better Practices in East and Southern Africa," which will be available and disseminated later this year. Of special note, the conference provided an opportunity for each participating country delegation to develop its own country plan for implementation of an expanded quality of care agenda.

2. Country Level

Several countries have initiated quality improvement actions which can be directly attributed to the country work planning conducted at the Mombasa meeting. These include a request from the MOH in Eritrea for technical assistance to establish quality improvement design activities in all districts. The USAID Mission in Eritrea has funded these activities through field support to the Quality Assurance Project, one of REDSO's key partners. The USAID/Tanzania Mission reported that "...many of the issues raised and addressed during the Mombasa conference have or are in process of being addressed in Tanzania," and quality of care will be addressed in the next design of the health results package there. Based on FPLM logistics presentations at both quality of care regional meetings, Mozambique and Zambia have utilized technical assistance from the Kenya logistics team.

Further, the very ambitious Kenya country plan developed at the Mombasa meeting, which included the integration of STI and essential drugs into the ongoing family planning logistics system, is on schedule. The Mozambique Ministry of Health and one of the NGOs which attended the meeting have implemented follow on quality improvement meetings focused on the six priority areas. There have been numerous requests at national levels for further follow up in the areas of guidelines and standards, training, and supervision, all directly linked to country plans developed in Mombasa.

There are follow-up activities for each of the six quality of care areas. For example, under guidelines and standards, the quality of care activity area is responding with developmental work and workshop dissemination in the areas of malaria and case management, dual protection from unwanted pregnancies and prevention of STI/HIV, visual cervical cancer screening, and emergency contraception. Several countries have initiated other quality of care actions which can be reasonably attributed, at least in part, to REDSO's facilitative assistance: The MOH in Zimbabwe has issued a public announcement that quality of services has been incorporated into its national health strategy, and REDSO is supporting TA through the Quality Assurance Project to develop ways to better utilize updated guidelines and standards.

D. Team Observations

There has been one additional component added under the quality of care activity area, in direct response to the Africa Bureau's request for assistance from REDSO with guiding and managing the "Urban Initiative," which the Africa Bureau has been funding. This initiative supports key better practices primarily under the quality of care activity area "guidelines and standards," and also includes a youth component. Quality of care is firmly couched in agency strategies, and REDSO has played a major role in the promotion of quality of care in Mission and national strategies in the region. Since the quality of care activity was launched a year and a half ago, quality of care has surfaced in either Mission or national MOH strategies in Madagascar, Mozambique, Zimbabwe, Tanzania, Uganda (expansion), and Eritrea. Quality of care is a good example of the kind of priority initiative which REDSO can and does promote by sharing information of better practices, by exposing partners to innovative programs, and by facilitating opportunities for country leaders to further refine and better target their quality of care efforts. The new focus on logistics is a good example of this happening.

6. Program Initiative: Integration of STD/HIV with MCH/FP Services

A. Objective

To share, borrow, and adapt experiences and lessons learned to better understand and resolve issues associated with providing integrated services in the ESA region.

B. Strategy

- Regional "agenda-setting" conference among USAID partners, stakeholders, and customers; identify priority activities to be undertaken, collectively, to address the issue.

- Set a two-to-three-year time period for implementing and concluding as many of the priority agenda items as possible.

- Share and evaluate lessons learned during the implementation period; identify the most useful, feasible and practical next steps.

C. Impact

[*N.B.*: Integration of STD/HIV and MCH/FP services is a new programmatic response to the AIDS pandemic, and the overall effectiveness and efficiency of integration is yet to be determined. The primary role of the networking effort at this point is to collect, assess and disseminate information program managers and decisionmakers need to make informed judgements concerning various approaches to integration that might be most appropriate for different circumstances.]

1. Regional Level

A regional workshop for health professionals was held in Nairobi in May 1995. The participants at this Setting the Agenda Workshop established 4 broad categories within which they identified some 15 priority topics for further action. The four categories included a) program activities; b) networking; c) policy and administration; and d) operations research and case studies. Following the 1995 meeting, REDSO, AFR/SD, and several CAs formed the first of several such partnerships to achieve networking objectives.

The Network project's first REDSO-Africa Bureau (AFR/SD)-CA partnership was formed around the regional integration agenda. Under the terms of that agreement, some of the CAs (Population Council, DDM/Harvard) were to develop case studies of ESA-region models of various approaches to integration and to conduct operations research into other aspects of integration. Drawing at least in part on the outcomes of this research, Pathfinder was to prepare and disseminate findings-based guides and other materials for program managers in the region. Four of the case studies have been completed (in Botswana, Kenya, and Uganda); results have been distributed to regional partners and presented at three succeeding APHA meetings and in a summary report. In July 1997, Pathfinder published *An African Response to the Challenge of Integrating STD/HIV-AIDS Services into Family Planning Programs*, a programmatic guide based largely on the case study findings, plus ongoing regional experiences with integrating services. Pathfinder also developed and distributed a set of user-friendly training and presentation materials for program managers as a companion package to the *African Response...* volume. Additional training materials currently under development by Pathfinder include a set of recommendations for curricula development (based on a review of available curricula within, and

outside of, the region) and a draft set of curricula for outreach and CBD workers to use in training for in home-based care of AIDS patients.

Other activities under way in the region include a four-country situational analysis of STD drugs—their procurement, supply situation, and attendant logistic procedures—being coordinated by the Commonwealth Regional Health Community Secretariat in Arusha; and a literature review and assessment, conducted by DDM/Harvard, of the syndromic approach to STD management.

Most of the foregoing case studies, research, and training materials will be used as a basis for discussion and further agenda setting at the Agenda II Workshop scheduled for September 1998.

2. Country Level

USAID/Mozambique has adopted an MCH/FP strategic objective (SO) that includes basic integration activities. PVOs responsible for implementing elements of the SO are using *An African Response...* as a general guide to their planning.

Program managers and policymakers in Kenya, Uganda, and Botswana are analyzing and discussing the case study results to determine the studies' implications for program development in those countries. Botswana is also the site for the first assessment, which will examine the impact of integration on a national-level program over two points in time. Results will be available for the Agenda II Workshop in September.

An intervention study is underway with the Nakuru Municipal Council (Kenya) to determine whether improvements in training and supervision can lead to substantive improvements in the conduct of risk assessments.

D. Team Observations

Network partners involved in the integration initiative have struck a cautious balance between research and fact-finding on the one hand, and promotion/advocacy on the other. Such guidelines and recommendations as have been generated by the group have been carefully grounded in findings indicating what works in certain environments and under certain conditions. Meanwhile, the effort continues to broaden and deepen the regional health community's understanding of the optimum ways integration interventions might be utilized to address the HIV/AIDS pandemic.

7. Program Initiative: Logistics

[*N.B.*: Logistics of family planning commodities and pharmaceutical logistics was initially included within the quality of care initiative; however, due to the central role played by logistics in affecting the overall effectiveness of health care services, it has recently emerged as a focus area in its own right. REDSO/PHD is nonetheless sensitive to the need to view/treat logistics as an inherent element of virtually all of the other focus areas.]

A. Objective

To share, borrow, and adapt experiences and lessons learned in the area of family planning and pharmaceutical logistics in order to improve the logistics systems and the delivery of health services in the region.

B. Strategy

- Following up on the unexpectedly dramatic emergence of logistics as a major concern of the participants at the Quality of Care Conference (Mombasa, May 1997), conduct a smaller, more focused workshop (4-6 countries) to define common issues; to identify those issues susceptible to action; and to develop a set of next steps for cross-border and country-level activities.

- Participate in implementing the cross-border and country-level activities.

- Engage an appropriate mix of CAs and other donors prepared to address FP and pharmaceutical logistics issues in the region.

- Follow up the initial set of activities with a second workshop to focus on ways to expand donor and country participation to address logistics issues.

C. Impact

1. Regional Level

During the Regional Quality of Care Conference in Mombasa (May 1997), participants were asked to identify the major impediments to better quality of care in their countries. Unexpectedly, almost every country ranked the logistics of pharmaceuticals and family planning commodities at the top of their list. While REDSO had always included logistics concerns on its broader agenda, and specifically within the QoC agenda, this expression of country-level concern came as something of a wake-up call to the Network team, as well as to other donors in attendance at the meeting. REDSO reacted very quickly and organized a sub-group of conference participants in Mombasa to help define the shape and direction of REDSO's involvement in what was about to become another technical focus area for the Network project. The Mombasa group also decided to hold an expanded regional workshop February 16-20, 1998, to focus specifically on the logistics issue. That workshop will include representation from Kenya, Uganda, Tanzania, Zambia, Botswana, Mozambique, and Eritrea.

As noted above, other donors present at the Mombasa meeting were also surprised to learn of the importance which the meeting's participants attached to logistics concerns. Subsequent discussions between REDSO and other donors—most notably WHO, World Bank, Irish Aid, DFID and DANIDA—indicate that some or all of these donors may be prepared to expand their involvement in this key area.

As a further aid to its response planning for this focus area, REDSO asked FPLM and RPM to conduct a desktop assessment of logistics problems common to many or all of the ESA countries.

2. Country Level

Among other outcomes of the Mombasa workshop, the FPLM project office (in Nairobi) received requests from several countries for follow-up/assessment/TA visits. REDSO subsequently funded FPLM visits to Mozambique, Zambia, and Eritrea. In Mozambique, FPLM conducted a logistics needs assessment and installed commodity-tracking software at the MOH. Similarly in Zambia, FPLM worked with the MOH central medical stores unit to install tracking software. In Eritrea, FPLM conducted a logistics assessment and advised the MOH in the development of software tools to aid in forecasting of essential drugs requirements.

D. Team Observations

FPLM/Nairobi is not a regional office; FPLM staff involvement in the TA activities noted above has been made possible by some creative and constructive cooperation between USAID/Kenya and REDSO, whereby the former approves and the latter pays. But REDSO financial resources and FPLM staff time for such ventures are limited, and in the absence of meaningful follow-through at the country level, some of the current enthusiasm for logistics may wane. The RPM office is in Washington, D.C., which makes that project's full collaboration in short TDYs problematic. REDSO should ensure that the USAID Missions in the region are apprised of the need to follow up on these country-level forays to the fullest extent practicable. Moreover, the collaborative/complementary roles of RPM and FPLM need to be developed more clearly, and mechanisms for RPM/FPLM involvement in initiating and supporting country-level follow through is essential.

8. Program Initiative: Health Care Finance (HCF)

A. Objective

Activities in this technical focus area were aimed at facilitating the development and implementation of local, national, and regional strategies and initiatives to improve the availability and quality of health services through improved policies and mechanisms to finance those services.

B. Network Strategy

The strategic focus of Network activities in HCF was centered around cost sharing/user fee implementation and development of health insurance models at all levels. The Network used a limited number of conferences and workshops as information dissemination vehicles around

several key issues (health insurance, contracting for services, health finance policy reform in general). These conferences/workshops were effectively used to raise awareness and commitment for action amongst the participants, and were designed and carried out in collaboration with African institutions. The real work of the Network followed these large gatherings through targeted technical assistance to interested and motivated groups within the region. The strategy was to "work up" from project implementation towards policy reform discussions, rather than the more frequent "top-down" strategy based upon external technical assistance. The Network was able to employ such a strategy because it had fostered the development of a number of important examples of the key issues that were available for use as models to be shared with Network partners.

C. Impact

1. Regional Level

Most of the countries in the region have given HCF reform a high priority on their policy reform and implementation agendas. The state of development and implementation of these reforms are farther along than in other regions of Africa. The impact on a regional scale is difficult to discern, as the effect of the reforms is seen through improvements in the quality and availability of services to all sectors within the population. There is, thanks to Network-supported conferences and workshops, a general awareness that all of the countries in the region are experiencing the same problems and searching for adaptable solutions. There is a willingness to both share experiences and learn from others, which is not evident in other regions in Africa.

2. Country Level

The Network has contributed to reform and implementation in a number of countries within the region and has had extensive contact and collaboration with institutions working on HCF issues in Uganda, Tanzania, Mozambique, Eritrea, and Ethiopia.

In Uganda, the role of the Network in assisting the DISH project to move forward with its HCF agenda is clear. Project data demonstrate measurable increases in the ability of participating facilities to generate revenue through application of the chosen user fee strategies following technical assistance visits supported by the Network. Network partners suggested an important change of strategy to the project and a Network-supported study tour to visit cost sharing sites in Kenya were instrumental, in the opinion of project personnel, in moving HCF reform forward. The hospital in Kisizi is experimenting with a facility-based insurance scheme modeled upon the Chogoria (Kenya) experience. Discussions within the MOH around the potential role of a national insurance system have benefitted from exposure to the Kenya National Hospital Insurance Fund through the Network. DISH facilities are now training other MOH-supported facilities in cost sharing procedures/techniques, furthering the reach of the Network's input.

In Mozambique, the Network has been working closely with the MOH to include HCF policy issues in the current agenda as that country begins to rebuild its health care delivery systems following the devastation brought on by war.

In Tanzania, the Network assisted the MOH in the development of its cost sharing strategy and tools for its implementation. It has also assisted a church-based health care delivery system in Arusha to implement cost management and a facility-based insurance scheme using Network partners as both models and technical resources.

The Network has participated in important and ongoing dialogue in both Ethiopia and Eritrea around key HCF policy reform dialogue. Making extensive use of Network TA and training, an Ethiopian health care finance team has written a draft national health care finance strategy document that is nearing approval at the highest levels of the Ethiopian government.

D. Team Observations

The HCF activities supported by the Network enjoyed several advantages over those in the other technical focus areas. Health care finance reform (like the logistics initiative) benefitted from the fact there was at least one well developed example available for sharing among other Network partners. The most widely exploited of these examples was available because the USAID/Kenya Mission, which had supported these activities with bilateral funding, was willing to allow project personnel to participate in the Network using their project as a model. The Kenya Health Care Finance (KHCF) Project and the Kenya Mission had over four years of experience in a number of key issues, such as user fees, accounting and tracking systems, insurance schemes (both national and facility based), and managed care/cost containment mechanisms that were relevant to other decisionmakers within the region. In addition, it should be noted that HCF also benefitted from having two persons available at REDSO to facilitate Network activities.

In general, it is the opinion of the team that Network activities have been instrumental in advancing the cause of HCF reform in a number of countries in the region. Thinking and action around health insurance mechanisms, for example, appear to be much further along in this region than in, for example, West or Central Africa. The Network most certainly contributed to this positive situation in East Africa. The Network partners appear to recognize the catalytic role played by the Network and are willing and anxious to continue to participate.

The technical needs (and capacities) of these partners (and perhaps new ones) will change as they confront the details of implementation as opposed to the bigger picture strategic questions. The Network should (and can) be ready to respond to these evolving needs and continue to facilitate experimentation and implementation with these important reforms.

VII. SUMMARY/CONCLUSIONS

The REDSO/ESA Network strategy, as it has been implemented over the last four years by the PHD office, has proven to be a successful and innovative approach to promoting and facilitating important health reforms throughout the region. The strategy represents an important expansion of REDSO's more traditional role of responding to the specific technical needs of the USAID Missions in the region. Networking emphasizes REDSO's complementary and facilitative role in

its relationship with partners, such as the bilateral Missions, CAs, governments, NGOs, and other donors in the region. REDSO should seek to institutionalize the approach through its inclusion in the Mission's R4 framework, as well as through increased and stabilized funding. The team also notes that the successes of the networking effort have spawned a similar initiative under REDSO/WCA, one that will benefit from the experiences and lessons learned in east and southern Africa.

Networking has allowed REDSO to take a pro-active role in setting the reform agenda in many countries and has provided important technical input in support of country (and bilateral) specific activities to put that agenda into motion. REDSO has done so by sharing existing successes, models, and experiences in the region. In doing so, it has gleaned added value from bilateral investments and, in many cases, reduced the time necessary for reforms to be implemented. The Network has fostered respect and collaboration among REDSO's partners by valuing the exchange of experiences and promoting the involvement of African counterparts in that process. The Network approach appears to be unique amongst the donors operating in the region. REDSO/ESA should look for ways to institutionalize this approach so that "differently" is no longer the key element in the Network's motto/theme: "Doing Business Differently."

Five underlying principles of networking have evolved and driven the Network:

- **joint planning and programming**
- **inclusion of African partners**
- **capacity building**
- **follow through**
- **focus on the practical aspects of implementation**

These principles have been faithfully incorporated in the Network's activities by REDSO personnel and have, therefore, contributed directly to the success of those activities. They have allowed the Network to be effective and helpful and to develop a broad constituency within the region and in Washington.

The evaluation found that Network [observers and] participants were appreciative of and enthusiastic about the new approach and agreed that it did promote a value-added aspect to interaction with REDSO. USAID Missions in the region and CAs continue to demonstrate their appreciation for the approach as they continue to participate as well as bring their own resources to the table in support of Network collaborative activities. Their willingness to search for resources on behalf of Network activities and initiatives is proof positive of their view of the importance and value they place on those activities.

The Network's areas of technical focus appear to be well chosen and respond to priorities within the region and USAID. They have allowed REDSO/ESA to demonstrate a technical leadership role, while building partnerships and capacity among partners and "clients." REDSO should periodically revisit those areas and adjust them as the priorities within the region evolve. The

future may see the technical focus areas narrowing to specific sub-areas as the needs and expertise within the region change. This is a positive indicator of change and the Network should monitor such changes.

It is clear that the success of the Network approach to date derives from the team that REDSO has fielded. The personnel of the PHD have demonstrated a high degree of commitment and dedication to their work and to the Network concept. They have made it go.

The mechanisms which REDSO/ESA has used to put the Network together have at times proved cumbersome and created frustrations. REDSO should explore alternative mechanisms if a stable source of funding can be identified for the future. The support role played by BASICS has been essential to Network activities and their success.

VIII. RECOMMENDATIONS

Finding: The lack of reliable, more-or-less predictable funding levels for the project makes effective planning extremely difficult. Project managers are spending too much time searching for and mobilizing funding for the initiatives they manage, distracting significantly from the time they would more usefully devote to their technical, networking, and advocacy tasks.

Recommendation No. 1: Rationalize the funding of the project to 1) ensure adequacy of resources on an annual basis; and 2) minimize the need to rely on a wide variety of funding sources and channels. The most obvious way to do this would be to include all of the project's funding requirements in the REDSO OYB. Supplemental resources from other sources (e.g., field support funds from the Global and/or Africa Bureaus) could also be utilized to the extent they are needed to undertake special initiatives of interest to REDSO.

Finding: The project management mechanism initially adapted for the activity (the BASICS contract) was extremely useful in facilitating a successful launch of the project and in supporting its operations to date. The usefulness (and appropriateness) of that mechanism has diminished, however, as the scope of the project has expanded, and as conflict of interest (COI) concerns have somewhat restricted BASICS participation in the project.

Recommendation No. 2: REDSO should execute a contract with a vendor whose primary task would be to manage project funds, including the use of such funds to purchase goods and services required by the project, and to provide logistic and administrative support to the project. The contractor would not have the concomitant responsibility to provide technical assistance from within its own organization for project activities, but could procure technical services from other firms and/or from independent consultants. Personnel provided by the contractor would assist in project coordination; provision of logistic support for conferences, study tours, workshops, consultant travel; financial management of project funds; and provision of administrative support for the overall activity. Procurement should be effected locally, i.e., in

Nairobi, and should be limited to firms which affirm their intention to disqualify themselves as potential bidders or subcontractors for any procurement opportunities which might emerge from the Health Network Project. It will be essential, moreover, that contractor personnel assigned to the project on a full-time basis be stationed within the PHD office, subject to approval by REDSO management. The tasks of the contractor will be of necessity so closely supportive of networking tasks that the placement of the contractor outside of the PHD office would create extraordinary delays and disruptions in program management.

Finding: PHD staff are very interested in institutionalizing the networking approach in the region, by gradually increasing the networking role(s) of appropriate/capable indigenous organizations such as, illustratively, the regional Commonwealth Health Secretariat in Arusha and/or CAFS. PHD is considering the execution of a cooperative agreement with a regional organization(s) (not yet selected) as a useful way to facilitate the transfer of networking responsibilities from REDSO to that organization(s).

Recommendation No. 3: REDSO should maintain a very deliberate, gradualist approach to the cooperative agreement option. The readiness of candidate organization(s) to take on the larger networking role should be bench-tested a number of times by giving them opportunities (via sub-grants issued by the vendor discussed above) to manage selected tasks, such as the organization and management of conferences, study groups, workshops, etc. Premature execution of a cooperative agreement with a regional institution will force REDSO/PHD staff into a *de facto* bilateral project management role vis-à-vis the grantee institution, and will create a significant distraction from their technical support and advocacy functions. Finally, REDSO may want to examine its premise in pursuing the transfer of networking responsibilities to a regional organization: Is the current project designed primarily to increase knowledge and improve adoption of better practices *within the eight priority initiatives*, or is it designed to promote the capacity to do networking *per se*? If it is the former, then perhaps five more years of REDSO networking will be adequate to help firmly install improved policies and practices throughout the region. If it is the latter, REDSO should be comfortable with the prospect that the next generation of indigenously-managed networking may focus on e.g., emergency medicine, health provider compensation, development of MRI capability, etc.

Finding: REDSO/PHD staff are acutely aware of the inherent difficulties which this project has in developing and applying meaningful performance indicators. Much of the impact assessment, including such assessments in this report, consequently rely heavily on anecdotal information and/or are subjective in nature. This is not necessarily a shortcoming of the project; networking is a very different enterprise than traditional bilateral assistance and should be assessed against different criteria, most obviously including a determination as to whether actions are/were taken by other parties (USAID Missions, health ministries) as a consequence of something (study group, conference, etc.) REDSO has supported. The development of a new evaluative mechanism, appropriate to the "different way of doing business" characterized by networking, would assist Network project managers to monitor the project's performance in a consistent manner.

Recommendation No. 4: REDSO should invite technical assistance from the MEASURE project to assist in the development of a monitoring and evaluation (M&E) plan for the project's new results package.

Finding: The Health Network Project is to a considerable extent the product of the vision and commitment of very few people—including most notably the current chief of the REDSO Population & Health Division (PHD). The PHD team assembled over the past few years clearly shares this vision, and its members currently enjoy significant autonomy and accountability for the planning and execution of the initiatives for which they are responsible. Moreover, REDSO senior management, the Africa Bureau (i.e., AFR/SD), and the Global Bureau (G/PHN) are all supportive of the project. Notwithstanding this supportive framework for the project, its unusual degree of personality-dependence make it vulnerable to serious "slippage" once the current PHD chief departs to take on a new assignment in the Summer of 1998.

Recommendation No. 5: REDSO, the Africa Bureau, and the Global Bureau should work closely with Foreign Service Personnel to identify and assign an especially competent officer for the PHD chief role. Given the frequent travel requirements associated with regional assignments, REDSO positions are often relatively difficult to fill, and are considered by many PHN officers as less likely (than Mission assignments) to facilitate career advancement. Moreover, the availability of the REDSO position has emerged at the end of the current Foreign Service assignment cycle, such that REDSO must draw on a much reduced pool of potential applicants for the job—a pool which in the best of times is too small to meet the agency's requirements for BS-50 personnel. The Health Network Project itself should serve to make this assignment more attractive to potential applicants, but the parties noted above should be proactive in their support for and scrutiny of the recruitment process for the job.

Finding: Almost four years have elapsed since REDSO/PHD conducted its polling and survey work to identify its priority initiatives. Most persons queried for this assessment felt that these priorities were still current and that they are certainly still supportive of PHN priorities in the region. Others, however, suggested that it might be time for a new look, which might reveal special concerns that have emerged over the past few years within current focus areas. Mention was made, for example, of HIV/AIDS, beyond its locus in the integration initiative, and malaria, both of which are especially susceptible to cross-cutting/cross-border treatment. Meanwhile, REDSO/PHD's own agenda is becoming broader and less focused, e.g., in the quality of care category, and in the assumption of responsibilities for the GHAI nutrition initiative, the Leland Initiative (taking the information highway to Africa), etc.

Recommendation No. 6: REDSO/PHD should re-validate its current portfolio by again polling USAID Missions, CAs, and host country partners in the region. This polling would be used to both reexamine partners' continuing consensus around the current networking foci, as well as to help REDSO refine/target its approach on sub-areas within the larger focus areas. REDSO should consider using this occasion to tighten its own networking agenda, i.e., to ensure that it will be able to remain effective across all of its areas of involvement.

APPENDIXES

APPENDIX A

SCOPE OF WORK

Scope of Work for Three-Member Team Evaluation of REDSO Health Network

Background

This scope of work outlines the tasks for a three member team to conduct an evaluation of the REDSO/ESA Health Network . REDSO/ESA has, over the past three years developed a programmatic set of cross-border activities referred to as "Networking". The activities are included within eight focus areas: 1) health financing, 2) integration of STD/HIV with MCH/FP services, 3) postabortion care, 4) quality of care, 5) adolescent reproductive health, 6) capacity building, 7) logistics of FP commodities and pharmaceuticals, and 8) nutrition. The above focus areas overlap one another and some areas are more developed that others.

A major REDSO capacity building set of activities has been with an IPPF affiliate, the Center for Africa Family Studies, (CAFS) in Nairobi. However, substantial efforts have been made to develop both individual and organizational capacities within the eight focus areas in the east and central Africa region. Networking activities have also included two Africa-USAID PHN conferences. These were aimed at strengthening USAID's Africa programs through sharing lessons learned and developing a stronger Africa-PHN voice.

The various mechanisms that REDSO has used to promote cross-border activities include both regional and in-country workshops, study tours, south-to-south consultancies, technical assistance, and information sharing in various ways, including a newsletter. The beneficiaries of Networking include both the public and private (NGO) sectors of health and family planning and the USAID country programs within the region.

Due to the perceived success of Networking an increasing amount of REDSO's OYB has been allocated for Networking over the past three years. However, by far, the bulk of resources have come from: 1) Africa Bureau HHRAA monies of $ 1.8+million, and 2) end-of-year fall-out monies. The HHRAA funding provided for OYB transfers to the BASICS project that has supported the secretariat for Networking. This has included the salaries of a health professional who has served as coordinator and as assistant-program manager-secretary to the coordinator. These funds have also supported Networking activities that include such things as small studies, travel and per diem of workshop participants, consultants, other workshop costs, etc.

For the most part, the fall-out monies and the REDSO OYB have been transferred to Global Bureau projects, that serve as partners in Networking. This funding includes both projects that are based in the US and regionally-based cooperating agencies (CAs) based in Nairobi and Harare. The total number of CAs working with REDSO in Networking is now 16.

With the number of focus areas, cross-border activities, various mechanisms used for implementing Networking activities, multiple partners, and varied customers are recipient of Networking efforts, it has made Networking an exciting and dynamic "new" way of doing USAID business. This new way of doing business, however, presents a challenge to evaluation.

USAID at all levels has expressed enthusiasm about Networking and positive feedback has been received regarding what now seems like a common-sense way to add value to USAID's investment in developing health and family planning systems and programs. Nevertheless, it is important that an evaluation be undertaken to assess the strengths, weaknesses, and impact of Networking and to provide guidance for its further development.

In 1998 REDSO intends to develop a new results package (RP) that will regularize Networking by providing continuity of resources (not depending upon fall-out monies) and permitting the development of a coherent program for an initial five-year period. Part of the RP will provide assistance to one or more African partners to play major roles in shaping and implementing Networking. It is anticipated that this role will increase for African partners and decrease for REDSO.

Broad Objectives of the Evaluation

There are four broad objectives for the evaluation: 1) document the Networking process; 2) indicate the strengths and weaknesses of Networking; 3) provide, to the extent practicable, an assessment and documentation of the impact that Networking is having; and 4) provide recommendations to be considered when developing the RP for further Networking.

Methodology

The team will be expected to use the following methodology in achieving the objectives of the evaluation. Review all documentation available. This will include but not necessarily be limited to: 1) written descriptions of Networking; 2) workshop reports; 3) products such as analytical papers, guides and reports; 4) the accounting process used to manage Networking; and 5) other documents to which Networking has contributed such as recommendations, policy or program documents.

It is anticipated that in-depth interviews with the many partners and customers of Networking will provide the best and richest source of information. A complete list will be provided and will include:

- Washington-based partners in the Africa and Global Bureaus, cooperating agency representatives, and BASICS.
- REDSO staff, including the PHN staff, senior management, the program office, and other offices that have worked most closely with Networking.
- Nairobi-based cooperating-agency partners.
- Customers/partners from public and NGO organizations within the region.
- USAID country mission staff in six to eight countries.
- USAID procurement offices at REDSO and possibly one or two specialists in Washington.

At this point, it is assumed that all of the above interviews can be conducted in Washington and Kenya. Conversations with country mission staff and public and NGO partners. In the ESA

region can, it is anticipated, be conducted by phone from Nairobi. However, if some trips to other countries are deemed necessary, they will be made.

Specific Objectives

1) The team is expected to produce a report of 50-60 pages. It is believed that precise numbers should not be stipulated, but the total and sub-section numbers given here convey REDSO's general expectation.

a)	Executive Summary	3-5 pages
b)	Description of the Networking Process	10 pages
c)	Strengths and Weaknesses of Networking	10-15 pages
d)	Documentation of Impact of Networking	15 pages
e)	Recommendations for RP	10-15 pages
f)	Team's Comments, Suggestions, Minority Views on any issues, etc.	5 pages

2) Initial team building, review of familiarization materials sent to Washington, and telephone conversation with REDSO point person. Estimated two days for all team members.

3) Conduct bulk of Washington-based interviews in Washington before traveling to Nairobi. Estimated 3-4 days for all team members.

4) Hold initial and ongoing briefing with REDSO, continue review of materials, conduct Kenya-based interviews. Estimated 10 days for all team members.

5) Finish initial draft document. Estimated five days for all team members.

6) Finalization of draft. Estimated five days for one person. The finalization is anticipated to be finished by one person within 10 days after receiving comments from REDSO (return comments by REDSO will be within 5 working days after receiving the DRAFT).

Team Composition

The breadth of the subject matter, the very nature of networking as opposed to in-country types of activities, the wealth of partners, and the bureaucratic dimensions of USAID pose challenges for the team. The combination of talents required can vary, depending upon the skills of any one member. What follows is a list of skills that would be ideal with two asterisks next to the first listed skill area, which REDSO believes is essential.

- Knowledge of USAID bureaucratic procedures. Since Networking is a "new" way of doing business, at least one team member should know what the usual ways and limitations are. **
- Knowledge of and experience with networking arrangements and systems in other places.

- Some combination of reproductive health, integration of STD/HIV into MCH/FP services, adolescent reproductive health, and postabortion care.
- Health financing and health reform.
- Quality of health care.
- Logistics of family planning commodities and pharmaceuticals.
- If someone knowledgeable about one or more of the above areas, also has monitoring and impact assessment skills, it would be good.
- If someone knowledgeable about one or more of the above areas, also has administration, organizational assessment skills, it would be good.

APPENDIX B

PERSONS CONTACTED

Persons Contacted

Name/Country	Title	Institution
REDSO/ESA		
Ray Kirkland	Chief, PHN	REDSO/ESA
Richard Sturgis	Health Policy Advisor	REDSO/ESA
Melinda Wilson	Child Survival Advisor	REDSO/ESA
Michelle Folsom	Reproductive Health Advisor	REDSO/ESA
Margaret Diebel	Reproductive Health Advisor	REDSO/ESA
Gilbert Cripps	Health Care Finance Advisor	REDSO/ESA
Dan Kraushaar	Health Care Finance Consultant	REDSO/ESA
Sophie Ladha	Network Coordinator	REDSO/ESA
Esther Kibe	Network Administrator	REDSO/ESA
Margaret Jandy	Administrative Assistant	REDSO/ESA
Allan Busaka	Information Center manager	REDSO/ESA
Kenya		
Ominde Acholla	RH Program Manager	Ministry of Health
Dana Vogel	Chief, Pop. & Health	USAID Mission
Maura Barry	Program Officer	USAID/Somalia
Ibrahim Hussein	Under Secretary	Ministry of Health
Ian Sliney	Chief of Party	APHIA Project, MSH
Elizabeth Lule	Regional Vice-President	Pathfinder International
Wilson Kisubi	RH Senior Advisor	Pathfinder International
Tammy Smith	Associate Director	JHPIEGO
Harshad Sanghvi	Director - Medical	JHPIEGO
Joseph Dwyer	Director	AVSC
Pauline Muhuhu	Regional Director	INTRAH
John Wilson	Logistics Advisor	FPLM
Julie Solo	Research Fellow	Population Council
Bakar N. Maggwa	Associate	Population Council
Uganda		
Jay Anderson	Chief, Pop. & Health	USAID Mission
Tiberius Muhebwa	Senior Medical Officer	Ministry of Health
Peter Cowley	Health Care Finance Advisor	DISH
Mark Pearson	Senior Advisor	DFID
Paul Hutchuson	Program Assistant	World Bank
Prof F. Omaswa	Chief Surgeon/Head QAP	Makerere University
Malawi		
Joan LaRosa	Chief, Pop. & Health	USAID Mission
Lynette Malianga	Quality Assurance Advisor	Malawi

Zimbabwe

Mary Pat Salveggio	Chief, Pop. & Health	USAID Mission
Roxanna Rogers	Population Officer	USAID Mission

Tanzania

Robert Cunnane	Chief, Pop. & Health	USAID Mission
Calista Simbakalia	Quality of Care Project	Tanzania
W. Mpanju-Shumbusho	Coord., Reproductive Health	Commonwealth Health Sec

Mozambique

Laura Slobey	Chief, Pop. & Health	USAID Mission

Washington

Jim Bates	Consultant	RPM Project
Susan Settergren	Consultant	Policy Project
Willa Pressman	PHN Advisor	G/PHN/FPS
Dan Kraushaar	Health Finance Advisor	MSH
Lenni Kangas	Population Advisor	AFR/SD
Hope Sukin	Chief, PHN Division	AFR/SD/PHN
Phylis Gestrin	PHN Advisor	AFR/SD/PHN
Robert Emry	COTR, PHN Project	G/PHN/HN
Duff Gillespie	DAA/G/PHN	G/PHN
Suzanne Prysor-Jones	SARA Project Director	AED
Ken Heise	Program Director, Africa	BASICS
Altrena Mukuria	Operations Officer	BASICS
Virginia Schmitz	Assoc. Operations Officer	BASICS
Judy Yang	Dep Dir., Finance and Admin	BASICS

APPENDIX C

DOING BUSINESS DIFFERENTLY

Doing Business Differently

Health Network at REDSO ESA

(Adding Value to USAID's Investments)

MARCH 1997

Table of Contents

Major Acronyms

ARH	Adolescent Reproductive Health
BASICS	Basic Support for Institutionalizing Child Survival Project
CA	Cooperating Agency
CAFS	Center for African Family Studies
COPE	Client centered patient effectiveness
CRHCS	Commonwealth Regional Health Community
FOCUS	G Bureau project that focuses on young adult reproductive health
FP	Family Planning
GHAI	Greater Horn of Africa Initiative
HCF	Health Care Financing
HHRAA	Human Resources Analysis for Africa Project
IPPF	International Planned Parenthood Federation
JICA	Japanese International Cooperation Authority
JPPC	Joint Programming and Planning
MCH	Maternal and Child Health
MOU	Memorandum of Understanding
NGO	Non government Organization
ODA	Overseas Development Authority
PAC	Postabortion Care
PHN	Population, Health and Nutrition
PHR	Partnerships for Health Reform Project
POLICY	G Bureau project that focuses on policy and policy related issues associated with reproductive health
PVO	Private Voluntary Organization
R&D	Research and Development
RIP	Regional Integration Partners
RP	Results Package
STD	Sexually Transmitted Disease
UNFPA	United Nations Fund for Population Activities

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Doing Business Differently --Health Network

I. Overview

Over the past three years, REDSO/ESA has carried out an innovative approach of initiating and supporting key regional initiatives in population, health and nutrition (PHN) through "Health Network ". This new way of doing the business of development is:

- Proactive, catalytic and facilitating - rather than passively reactive (in one extreme) or dominantly directive (in the other extreme).
- Regionally focused - rather than confined to only bilateral mission programs.
- Based on regional joint planning and programming - an expansion of the Global Bureau concept of Joint Planning and Programming to include not only the Global and Africa Bureaus, and USAID missions, but also other donors and African country and regional partners.
- Exemplary of the Agency's thrusts in reengineering - with a strong focus on partnerships, teamwork, African leadership, indigenous capacity building, and sustainability.

Health Network currently concentrates collaborative efforts in seven areas defined as critical development areas by USAID Washington, Africa regional offices, missions, African partners and donors. The areas include much of the focus on health reform in sub-Saharan Africa: 1) health care financing, 2) the integration of services for sexually transmitted diseases, and HIV with family planning and maternal and child health (STD/HIV/FP/MCH), 3) quality of health care, 4) postabortion care, 5) adolescent reproductive health, 6) logistics for drugs and family planning commodities, and 7) the institutional strengthening of the Center of African Family Studies (CAFS).

This paper documents the background and rationale of Networking; provides a description of how the process works in the PHN sector; demonstrates the relevance of PHN Networking for the Agency and for development; explains the critical role of donor coordination and collaboration; shares lessons learned from implementing the Networking activities ad REDSO; provides examples of how value is added through Networking; and explains the future of this new way of doing the business of development in the PHN sector.

II. Background

The origins of REDSO's Health Network are quite simple and modest. By the nature of their work, REDSO PHN staff travel extensively, providing technical assistance to bilateral missions in the design, implementation, and evaluation of programs. In the course of performing this "consulting" function to USAID missions, experience shows that REDSO staff accumulate information and insights that can be used not only by an individual mission but by other missions as well. REDSO staff are exposed to transnational problems. They see opportunities from a regional perspective, wider than the narrower confines of bilateral programs.

REDSO staff's field presence makes them **strategically situated and uniquely positioned** to recognize cross-cutting, cross-border issues; to observe the range of solutions to these issues; and to broker the needs of missions, governments, and NGOs with partner-institutions or individuals who can help address those needs. For these reasons, REDSO/ESA designed a specific strategic objective (SO#2) that empowers REDSO staff to formally take on the responsibility and function of facilitating the"sharing of information, models and technologies" in the region. This "Networking SO" covers all technical areas - population and health, agriculture and natural resources, economic growth, humanitarian assistance, and program and project support - but it is currently in the PHN area that the Networking concept is the most developed at REDSO.

REDSO's Health Networks are deliberately chosen initiatives that respond to the identified health-sector needs in the region, as expressed by our USAID partners in Washington and in ESA bilateral missions, ministries of health, the NGO community, and the for-profit sector. Section IV provides details on the steps taken to identify and respond to these regional initiatives. So far, REDSO is working in the following critical development areas (each of which is supervised by a staff person working in the Population and Health office - see the diagram in Attachment A):

1. Improving the sustainability of health care financing.

2. Improving the integration of reproductive health services (STD/HIV/FP/MCH) in order to provide better quality services and to respond to the HIV/AIDS pandemic in the region.

3. Improving the quality of health services through the adoption of "best practices" at the facility level.

4. Developing advocacy for post-abortion care.

5. Developing advocacy for adolescent reproductive health.

6. Strengthening pharmaceutical and contraceptive logistics systems.

7. Improving the capacity of regional institutions involved in reproductive health, specifically that of the Center for African Family Studies (CAFS).

Funding Health Networks

Initially, REDSO received $375,000 from the Africa Bureau through the Health and Human Resources Analysis for Africa Project (HHRAA) to start up the Networks. (A commitment was made for a total of approximately US$1.8 million over four years.) Using these funds, REDSO made a "buy-in" to the Global Bureau's Basic Support for Institutionalizing Child Survival Project (BASICS) in order to:

- Set up a Network secretariat consisting of a coordinator and an assistant administrator who manage the administrative requirements, provide overall coordination of Network activities, and participate in the development of Networking activities.

- Establish a Resource Center equipped to provide information and management support to the Networks.

- Fund selected activities under the Networks, including south-to-south technical assistance, study tours, workshops and conferences, mentoring programs, operations research, and information dissemination activities.

By playing a catalytic role, REDSO PHN staff (in concert with Africa and Global Bureau colleagues) have been able to pump-prime resources from USAID CAs, e.g., the Global FOCUS and POLICY Projects, in order to initiate regional adolescent reproductive health and postabortion complication activities in the region. Over time, REDSO has also sought and obtained funding for Global projects to fund specific activities, such as the Partnerships for Health Reform (PHR) Project, the Population Council Operations Research Project and Pathfinder International.

In addition, REDSO staff have also been able to elicit interest from other donors, World Bank, and philanthropic agencies to co-fund Network activities of mutual interest (See Section VIII for details).

III. Rationale for Regional Networking

Historically, donors have provided development assistance through individual country programs. This "bilateral approach" is well established for political convenience and administrative simplicity. Development trends worldwide, however, show the importance of viewing problems and opportunities from a wider, transnational perspective:

- ***Political turmoil*** - Instability is highly infectious; one country's social and political disturbance can turn into regional havoc, as has been the all-too- frequent case in the Greater Horn of Africa.

- ***Economic opportunities*** - Growth patterns increasingly occur on a regional basis. The clearest examples being those of East and Southeast Asia. Trends in economic cooperation are towards regional blocs, e.g., EU, NAFTA, APEC, and ASEAN.

- ***Epidemiologic trends*** - Disease patterns metastasize from simple national concerns to major regional burdens such as AIDS, malaria, TB, ebola, and other emerging and traditional diseases.

To address these problems the "bilateral approach" to development assistance does not suffice. It needs to be complemented by a broader, more inclusive, and less restrictive approach to development. Regional networking provides that approach.

Networking is unique in that it involves:

- ***A shift in the way problems are viewed*** - Many development issues are shared. They are not unique to individual countries but cut across borders and administrative structures. For example, the AIDS virus and anopheles mosquito are politically naive and blind to borders.

- ***A shift in the way solutions are sought and applied*** - Solutions to development problems are often common. Barring minor differences in cultural norms and sociopolitical structures, the available technical solutions are not unique to individual countries; one country's technical response to a problem is often relevant to another country.

- ***A shift in the way USAID does business*** - Networking is not a simple matter of expanding the geographic compass of USAID assistance from individual countries to a region. It requires USAID to be more facilitating and supportive rather than directive; to pump-prime resources rather than be the sole funding agency; to coach rather than to play. Networking also necessitates USAID to work more closely with

other donors, and to invest more intensively in African institutions in order to build up indigenous capacity.

Regional Networking entails no less than a "paradigm shift" in the way USAID operates.

IV. The Process of Networking

Central to the process described below is what REDSO/ESA has termed "Regional Joint Planning and Programming". This approach is a logical extension of the Global Bureau's Joint Programming and Planning (JPPC) Strategy, which was developed to incorporate the principals of USAID's sustainable development strategy and reengineering concepts. As such, it reflects recent structural changes within USAID; it is Mission driven and responsive to the field, making the most effective use of technical leadership of the PHN Center and the broader perspective of the Regional Bureau through partnership mechanisms that contribute to more effective programming. The Joint Programming and Planning process also provides a structure for the design of strategies and implementation of programs that helps ensure the most effective and efficient utilization of scarce PHN resources.

While the JPPC Strategy was primarily bilaterally oriented, i.e., between the Global Bureau (and to a lesser extent, respective regional bureaus) and bilateral Missions, the Regional Joint Planning and Programming Process for Networking is much broader in nature. It includes all possible major partners, both within and outside USAID, in the budgeting and implementation of jointly developed regional strategies and workplans. It entails consultations and collaboration to the extent possible with these partners, especially African partners, at each step of the process described below.

1. Canvassing USAID customers, stakeholders, partners and others to determine the issues/concerns of highest priority in the region

This can be done by means of formal surveys or other informal means. In most cases it will probably be done through a variety of means. The purpose is not to produce definitive findings but to provide a prioritized list of issues for which there is common concern. REDSO/PH has conducted two surveys in the ESA region: The first regional survey was initiated solely by REDSO/PH, while the second was developed in conjunction with AID/W offices (AFR/SD and G/PHN) and REDSO/WCA. These surveys canvassed MOHs in the region, ESA Mission PHN officers, USAID CAs working in the region, regional institutions, and G and AFR Bureau offices. They did not directly canvass other donors as most of the offices of those donors providing support to PHN initiatives in the region are not actually located in the region. Future surveys, however, will include these donors.

In both surveys, the principal concerns/issues identified were very similar and from the responses to the surveys it was possible to prioritize them. There was also an attempt to validate the results of the surveys through various fora, such as the annual meeting of the Ministers of Health of the Commonwealth Regional Health Community (CRHCS) and its secretariat - an organization of 14 countries in southern and eastern Africa.

2. *Selection of focus areas from priority list using agreed-upon selection criteria*

Far too many issues/concerns were identified in the surveys than could be effectively handled with the available manpower and financial resources. It was therefore necessary to select a few from the list which offered the greatest return from investments. A number of criteria were identified and agreed to by the principal USAID partners for selection of the issues on which partners collectively focus efforts and resources. These criteria were:

- The degree of priority of the issue/concern/problem as identified by the surveys and as validated by African partners;
- USAID's comparative advantage in dealing with the issue/concern from a technical standpoint, i.e., USAID has technical resources and expertise which are not readily available from other sources;
- Other donors are not already heavily involved or taking the lead in dealing with this same problem, e.g., Expanded Program in Immunization, which has traditionally been handled mainly by UNICEF;
- Dealing with the problem/concern is supportive of REDSO's, Africa Bureau's and USAID's goals and objectives in the PHN sector;
- Dealing with the issue/concern is supportive of the SOs of ESA Missions but does not duplicate what their bilateral programs are doing;
- There is agreement with USAID partners in AFR/SD and G/PHN that these are the focus areas to pursue;
- There are experiences, lessons learned, etc., within the region which can be drawn upon in initiating interventions for dealing with the issue/concern;
- There are staff within REDSO/PH with the appropriate skills and background to be able to provide the expertise to develop and oversee interventions focusing on the selected issue/concern;
- There is available capability for providing follow up support for initiatives dealing with selected issues/concerns (in particular, through USAID PHN CAs).

In most cases, if identified priority issues/concerns were not found to meet these criteria, they were not selected for attention. There are exceptions, however. If an issue/concern is considered of very high priority by USAID partners, is perceived both as an area of need in the region and one where USAID should take a leadership (pro-active) role, it also may be selected (e.g., adolescent reproductive health and post-abortion care).

3. Determination of current situation in the region with regard to selected focus areas

Once a focus area is identified an attempt is made, at the least possible cost, to determine the current situation of that particular issue/concern in the region. In some cases this has entailed relatively little effort or cost on the part of REDSO, as identification has already been done (e.g., the postabortion care area which was studied by JHPIEGO and CRCHS with support from AFR/SD). In other cases, this has entailed a number of case studies, information compilation, data analysis and research projects (the STD/HIV/FP/MCH integration area). It is not expected that such a determination will be completely comprehensive nor take an inordinate amount of time. However, it should be sufficient to provide a basis for the development of a regional strategy/approach for dealing with the issue/concern in question. In many cases, the determination of the current situation will also help in identifying gaps in our knowledge of what actually is happening in the region and what are the lessons learned and "best practices" which might be shared between programs. This, in turn, will lead to further information collection/research to fill these gaps (e.g., "best practices" studies are currently underway in the areas of adolescent reproductive health and post-abortion care).

4. Holding of regional workshop/conference/analysis meeting

Once the situation "on the ground" is determined the next step is to bring together regional partners to: (a) share information, experiences, lessons learned and best-practices for dealing with the issue /concern; (b) identify priority interventions for focus areas at both bilateral and regional levels; © work with each individual country group of participants to determine the most important "next steps" in dealing with the issue in their particular program and country; (d) identify the types and amount of resources required to accomplish the next steps and the likely source of these resources (e.g., particular donor); (e) identify those interventions/activities which can be most effectively done at a regional rather than a bilateral level, e.g., certain types or training; (f) develop both individual country workplans and regional workplans; (g) establish a donor working group which will periodically meet and monitor the implementation of the regional workplans, and review the accomplishments of individual country workplans and the effectiveness of assistance given, etc.

One of the "lessons learned" with regard to implementation of these conferences and workshops is that they must not be viewed an as end in themselves, but as part of the "process" of developing regional strategies, approaches and initiatives for dealing with the selected issues/concerns. They also must be planned and structured in such a way that clearly defined objectives can be achieved. Once the objectives are identified participants must be selected who can contribute to the achievement of these objectives. The conference/workshop should seek to restrict itself to these participants, who should receive invitations by name. Such as approach helps

to keep the conference/workshop focused. Experience has shown that if sufficient attention is not paid to these aspects of the conference/workshop desired outcomes are unlikely to be achieved.

5. Implementation of regional joint workplans

The regional workplans developed by REDSO and its partners in the PHN sector have the following characteristics: they are of three years initial duration; they identify agreed upon objectives both for the three year period and for each individual year of this period; they identify the activities needed to accomplish these objectives; they identify the resources required to implement the activities and the sources of funding or other assistance (including cost sharing between or among various partners and donors for particular activities); they identify specific indicators for measuring achievement of the agreed-upon objectives.

These workplans are considered to be dynamic in nature in that they are periodically reviewed (at least twice a year) and amended as considered necessary to achieve the agreed upon objectives. They also form the basis for the articulation of a joint regional "strategy" for dealing with each focus area and for the development of a memorandum of understanding (MOU) between REDSO, its USAID partners, and other donors regarding what the respective roles of each will be in the implementation of these strategies.

REDSO plays a central role in ensuring these workplans are implemented. In some cases REDSO provides both financial and technical support in the implementation of specific activities. However, wherever possible REDSO strives to share the cost of activities with other USAID offices, Missions, other donors, and other entities, such as USAID CAs, international and local PVOs, and foundations. REDSO's principal role is to facilitate the process of implementation. While REDSO does not become intensively involved in implementation itself, the implementation of shared/borrowed/adapted lessons learned is one of the essential ingredients of successful Networking activities.

V. Relevance of Networking and its Basic Principles

All of the focus areas which are being dealt with in REDSO's Regional Health Networks are directly supportive of the Agency's goals and objectives in the PHN Sector. They are also directly supportive of the Global Bureau's PHN strategy.

Relevance for the Region and Missions

GHAI Principles - The approach and process pursued in REDSO's Regional the Health Network activities adheres to the development principles enunciated under President Clinton's Greater Horn of Africa Initiative (GHAI) . While the Network process was initiated before the launch of GHAI, it embodies most of its stated principles of **doing business differently,** ensuring African ownership of strategies and activities, promoting strategic coordination, and enhancing regional approaches to problems and issues.

REDSO's Own SOs - The Health Networking activity directly supports three of REDSO/ESA's strategic objectives in a synergistic way. It is essentially an extension of REDSO support to ESA missions (SSO#1), because it enables staff to provide more effective program and technical support to bilateral missions. The network also provides a variety of mechanisms to increase the utilization of critical information by USAID and other decision makers throughout the region and is the essence of SO2. In addition, as discussed above, the evolution of the Health Networking has adhered to the tenets of GHAI (SO#3) and provides a model for its implementation.

Fit with Bilateral Mission SOs - The Networks' activities also directly support mission SOs. At times there are explicit linkages in the language used to state SO's while at other times these linkages are implied or shown as intermediate results. For example:

- In health care financing, all countries in the region are keen on expanding the role of the private sector in health, in improving the institutional and financial sustainability of NGOs, and in restructuring the roles of their ministries of health vis-a-vis peripheral units. In addition, selected countries are in the process of establishing or reforming their fee-programs and national health insurance schemes as ways of generating additional resources. Kenya, Uganda, Ethiopia, Zimbabwe, and Zambia explicitly call for health care financing reform in their strategies.

- In STD/HIV/FP/MCH integration, Kenya, Uganda, and Malawi have incorporated STD/HIV/AIDS prevention in their objectives in family planning. Their projects specify that clinical and community programs offer both FP and STD/HIV/AIDS prevention services. Other countries like Tanzania and Ethiopia have selected the same implementing agencies for their projects in HIV and AIDS. Where mission

population programs are new, such as in Madagascar, integrated services are beginning to be included in results packages. The newest designs in Eritrea and Zambia both call for integrated services.

- Although no mission specifically identifies, as such, as an important intervention area postabortion care in their respective strategies, almost all of them do focus on maternal health and family planning. Postabortion care is critical for the achievement of reduced maternal morbidity and mortality and improved family planning in all ESA countries.

Principles of Networking

A number of the tenets or principles of regional Networking have been stated in the preceding sections. Nevertheless, it is instructive to review some of the Basic Principles of health Networking that contribute to its relevance and current success.

Support of African Leadership and Ownership - This Network principle predates the GHAI's as a crucial tenet. Examples abound on how this principle is played out in the Health Networks.

- In health care financing, Africans in both the public and private sectors serve as technical advisors and consultants in their particular areas of skill. HCF activities, such as sharing health insurance practices, require that Africans request and will use the information and experience.

- The AIDS/FP/MCH/STD integration activity began with African leadership, as the Network agenda was developed at an Africa-wide conference held in Nairobi in May 1995, with one hundred and sixty five participants, the majority of whom were African program managers from 17 countries. On the final day of the workshop, participants voted on priorities for action, and these were used to create the Network's three year workplan. The Regional Integration Partners (RIP), who manage the Network activity, comprise mostly African members from four institutions. RIP recently held the second meeting of a technical advisory group, comprised completely of Africans. From an initial participation of three countries (Uganda, Kenya, Botswana), the group has expanded to include Ethiopia, Tanzania, Zambia, Zimbabwe, and South Africa.

- CAFS supports African institutional and individual capacity building. The goal of CAFS III is to assist CAFS to develop the ability to be self-sustaining, i.e., to provide quality services that are responsive to the needs of reproductive health professionals throughout the region. As an African-based institution, REDSO sees its relationship to CAFS as supportive and advisory - not directive nor dominating.

- The Quality activity has just held its first planning session with approximately twenty Africans to set its agenda. African health professionals in Uganda have led the institutionalization of training in quality.

- The Post-Abortion Care activity selected an African institution, CAFS, to compose and present the case studies to advance our work.

- Logistics, the latest Network focus area, has evolved directly from Africans' input. Aware of USAID/Kenya's successful support of logistics for contraceptives (later expanded to include all essential drugs), REDSO has identified a group that can share this technology with other African countries. This is in collaboration with the Commonwealth Regional Health Community (CRHCS) Secretariat, that represent the 14 member countries in eastern and southern Africa. .

Capacity Building in Health Networks - It is increasingly recognized that sustainable development hinges upon local peoples developing the capacity to provide quality services to their own communities.

The process of capacity building involves the strengthening of organizational foundations through the development of sound management systems and improving professional capabilities. African health professionals have, over the past several years, gained tremendous educational and practical experience both at home and abroad, and potentially form a valuable human resource pool. However, strong, sustainable institutions within which professionals can develop and thrive is lacking. The result has been the classic "brain drain". In strengthening African institutions and professionals, working environments must be improved and professional growth fostered. By doing this, highly qualified African professionals can be retained in Africa to work on African problems.

Institutions can also be strengthened through the process of networking. As a result of sharing and instituting best practices, organizations can become stronger with improved capacity to function more effectively and efficiently. For example, The Evangelical Lutheran Church of Tanzania is sharing with associates a successful insurance scheme it has instituted. As the system expands, the foundation for organizational sustainability is improved. Another example of strengthened capacity is seen in the sharing of the a Client Oriented, Provider Effective (COPE) model of organizational self-assessment. This simple, self-help tool facilitates problem solving at the clinic level. Through COPE, staff identify problems and practical solutions. As problems are resolved, the quality of service provision improves to the benefit of both client and worker.

Institutions are also strengthened in order to enhance the networking environment; that is, to improve the local capacity to carry out networking activities. REDSO is currently working with CAFS, an African reproductive health (RH) training, research, and documentation institution.

CAFS works throughout sub-Saharan Africa. The goal of the collaboration is to improve CAFS' internal management systems and technical capabilities in order for it to become a sustainable, self-reliant organization able to effectively transfer reproductive health -- in other words, to facilitate the sharing of best practices in the region. CAFS is also developing the capability to manage consultants, enabling a growing pool of qualified African professionals to serve as consultants in the region.

Networking assists in developing the capacity of African professionals to implement "best practices" as well as to share best practices through teaming and mentoring activities. REDSO staff team with African professionals to provide technical assistance in the sharing of best practice models and technologies. Through mentoring, technical and consultant skills are strengthened enabling African professionals to provide technical assistance services in the future. For example, African colleagues in the Kenya Health Care Financing (HCF) Unit worked with REDSO staff in providing HCF technical assistance to Uganda and Tanzania. Study tours are also used to strengthen skills and develop expertise.

Regional Approach - All of REDSO's Regional Health Network activities are regional in approach and scope. Two aspects of regionalization are inherent in these activities. First, REDSO expands the use of successful programs from one country to other ESA countries. Secondly, REDSO is involved in developing programs which relate to regions rather than individual countries. Many aspects of population and health cut across geo-political boundaries, such as infectious diseases (AIDS) and reproductive health of women (post-abortion care). Specific examples of the use of the regional approach in REDSO's Health Networking are:

- The Network supported Rwandan health professionals to do a study-tour of Uganda to develop policies and procedures for its national laboratory.

- In health care financing, technical and policy professionals have been shared among Eritrea, Ethiopia, Uganda, Kenya, Tanzania, Zimbabwe, Mozambique, Botswana, and South Africa.

- The quality of care Network is seeking to disseminate best practices throughout all of ESA.

- The Cooperating Agencies Activity Tracking System, a computer based system for gathering the experience and lessons learned of USAID's PHN CAs, project has been designed specifically to share information on activities throughout the region, to be used by a variety of stakeholders and customers.

Strategic Coordination - The Health Networks have developed improved and critical communication within USAID as the first step towards more global strategic coordination.

Regional Joint Planning and Programming to develop workplans under the Networks involved staff from REDSO, AFR/SD, and G/PHN. From the beginning of the collaboration among these three intra-USAID groups, REDSO also expanded its strategic coordination to include other stakeholders and customers. These include donors, ministry of health officials, implementers, academics, non-governmental and private voluntary organizations, cooperating agencies, contractors, and citizens. In health care financing, Networking has gone even further: it is assisting to refine health sector policies which will lead REDSO Networking countries in the same direction. This is cone by assisting in health sector financing strategic planning and providing technical assistance in selected strategic areas (drafting legislation in Kenya, developing insurance schemes alleviating pressure on governments in Tanzania, Uganda, Kenya, etc.). In its integration activity, PH has used the expertise of different groups (such as Population Council's excellence in situation analysis and Pathfinder International's in project implementation) to complement each other.

Linking Relief and Development Programs - Network activities also conform to the fourth principle of the GHAI: linking of relief and development. For example, the quality activity is attempting to identify best practices in health care delivery, including campaigns conducted during "relief operations." The activities most specifically targeting reproductive health (integration, adolescents, post-abortion care, logistics, and quality) are also grounded in the knowledge that decreased fertility and improved reproductive health directly affect economic stability, which in turn should diminish the risk for disaster and consequent need for "relief." Specifically, building capacity in Rwanda through the integration activity; improving health services in Somalia, Eritrea, and Mozambique through the quality activity; and developing better cost recovery schemes in Rwanda, Eritrea, and Mozambique through the health care financing activity have all stemmed from the activities in the population and health Networking results package.

To continue, in health care financing, the government's provision of health services is largely inadequate throughout ESA. Thus information is being shared regarding policy reform that encourages a planned and regulated expansion of the private sector (through insurance, for example) so that the burden of curative care for those who can afford to pay is taken over by the private sector. Theoretically, funds freed up from the government system can then provide the curative safety net for those too poor to pay for private services, and for the public health services which people are less willing to pay for but are critical for the well-being of the population (such as environmental sanitation, well-child care, immunizations, and prevention of infectious diseases including AIDS). Thus, inefficient or nonfunctional systems due to crises are developed to incorporate sustainable programs. Similarly, REDSO's activities in integration, quality, CAFS, logistics, adolescents, and post-abortion care require measurable progress in the sustainability of the advances, even in the presence of political instability.

Reengineering - Regional Health Networking is an integral part of the REDSO strategic plan and is included within SO2. The specific focus areas of Networking were determined by and

activities planned with partners and customers, who most often also serve as partners in implementing activities. As shown in Attachment 1, Health Networking forms a Results Package with an expanded team that includes partners and customers. Each of the activity areas within the Results Package also has an expanded team that also includes customers and partners. The participation of multiple countries is a basic principle of Networking and is an essential ingredient of defining areas, participating in joint regional planning and programming. The Regional Health Network's new way of doing business has been in its creation and is in its implementation, a model of reengineering.

VI. Donor Coordination

From its inception, Health Networks has actively sought to work and collaborate with other donors on areas of mutual interest. Indeed, agencies such as UNFPA, Rockefeller, and JICA, along with African and USAID partners, participated in the process of identifying the Network priority areas in the region. The goal of donor coordination is to identify areas of common interest, pool resources to more effectively support those interests, avoid duplication of effort, and fill gaps in funding essential programs. There are two successful mechanisms that have been identified for use in coordinating with donors:

1. **Donor Working Groups** - The REDSO Health Network initiates communication with appropriate donor agencies to identify areas of common interest and determine the activities currently underway in focus areas. Available resources are also identified. For example, *donor working groups* have been convened to address the areas of adolescent reproductive health (ARH) and postabortion care (PAC). Out of those groups came an initial inventory of activities the donors were supporting and a better idea of the scope of activities underway in the region. Plans for and interest in future activities were also shared, thus providing a framework from which to begin the joint planning process.

2. **Co-funding and Co-sponsorship** - Another mechanism for working with other donor agencies is to enlist them in supporting successful on-going activities. For example, as USAID funding to the Kenya HCF Project was diminishing, REDSO facilitated the process whereby DANIDA agreed to pick up the costs where USAID left off. In addition, donor representatives are included in regional conferences and workshops to share information about the focus areas and involve them in the joint planning and programming process. Typically during a workshop, the identification of priority issues is African-led. Participants share critical information about problems, best practices, and lessons learned in addressing problems. Through a consultative process, African partners then identify priority needs in a particular area. Donors have an opportunity to see the process in action, but refrain from giving directive input to avoid influencing the outcome of the process. Once the priority needs have been established by African partners, donors then identify those areas within their manageable interest and collaborate to determine where resources might best be applied to maximize successes. This includes pooling of resources, leveraging funds, and filling funding gaps. In this process, concerns about "credit" and "ownership" on the part of the donors are left at the door, as each can take credit for the outcomes.

One of the challenges in donor coordination is how to work together on a regional basis. Many donor agencies operate within bi-lateral agreements, thus, representatives in the field are familiar with country issues but often not regional issues. In networking, an attempt is made to enlist those representatives who can address regional concerns. As this is often difficult in the field, communication with an agency's international representatives has proven to be a more fruitful approach. There are several examples of donor coordination efforts in the Network focus areas.

- In health care financing, REDSO staff conducted an inventory of donor-funded HCF activities in ESA as the basis for possible collaboration. Specific collaborative activities are currently being undertaken, e.g., USAID cosponsorship with the World Bank and WHO/Afro of the Regional Senior Policy Seminar on Sustainable Health Care Financing in February 1997; USAID collaboration with the Overseas Development Authority (ODA) in Kabale District, Uganda, to support the Kisiizi Hospital Financing Scheme; World Bank-funding of HCF schemes initiated by REDSO with the Cabinet for Coordination of Investment Projects of Mozambique; and the German Lutheran Church provision of stop-loss insurance to ELCT Hospitals prepayment schemes being supported by REDSO.

- In adolescent reproductive health, the ARH donor working group has been convened and an initial inventory of activities has been developed.

- In post-abortion care, the PAC donor working group has been organized and initial inventory of activities are being undertaken. Resources will be pooled with The Rockefeller Foundation to support postabortion activities in the region.

- In quality of care, the regional conference on Quality of Care to be held in April, 1997, includes a donor forum where representatives will determine how they can best support the quality agenda established by our African partners.

- In STD/HIV/AIDS/FP/MCH integration, donor agencies including the United Nations Fund for Population Activities (UNFPA), Rockefeller, and JICA were participants in the "Setting the African Agenda" conference held in May 1995.

- For CAFS, REDSO worked closely with the International Planned Parenthood Federation (IPPF) in developing the CAFS III project which supports it to become a self-reliant, market-oriented institution providing quality reproductive health training, research, information, and documentation services throughout sub-Saharan Africa. IPPF is now a full partner in funding CAFS during this institutional development phase.

VII. Lessons Learned

1. Network initiatives must have a clear focus on a regional issue

For network initiatives to generate results that are well utilized and that will genuinely contribute to regional improvements in reproductive and child health, the focus of the initiative must be clearly delineated and be of common concern to multiple partners. These partners include governments in the region, NGOs and private sector, USAID missions, and other donors. Networking is only as effective as its initiatives warrant.

Initiatives tend not to be comprehensive, but rather, through the highly participatory process described in section four of this paper, focused on very specific areas of concern to multiple organizations. For example, the initiative on integrating HIV/AIDS services into other child and reproductive health services has a very specific focus, and does not explore the broader issues surrounding the virus. The initiative for improving the quality of care does not tackle the enormity of related topics, but attends to the expansion of the use of "best practices" in six specific areas; practical guidelines and standards for use at the facility level, facilitative supervision, innovative training approaches, practical quality assurance tools and methodologies, cost and quality, and distribution of contraceptives, essential drugs, and supplies. Initiatives must be practical and lend themselves to further development or expansion of the use of approaches which are known to work in the ESA region.

2. African ownership of the initiative is critical for its success

The concept of ownership by all parties is an essential factor in the success of any Networking initiative. The networking process ensures that its initiatives foster real, applied ownership by utilizing a series of steps in which all parties are involved; from the identification of the initiative topic and focus area/s, to the development and adaptation of relevant approaches, interventions, and models, to the implementation of the joint workplan, and the utilization and dissemination of results.

Through the use of this process, it has also been discovered and confirmed that the acceptance (and potential for ownership) of a successful "lesson learned" (whether an intervention or a process) which works well elsewhere is strongly dependent on geographical contiguity. The closer to home the experience, the more likely the lesson will be valued. This concept also holds true for the *people* involved in sharing a lesson. A fellow countryman, or an expert from a neighboring country has, in most cases, been found to have a better chance of transferring ownership than does an expert from another region or continent.

It has been learned that no matter how well a lesson has been learned about an intervention or process which has a proven positive track record in the region, ownership will not be achieved

without local adaptation. The concept of "adding your own egg" is critical if ownership is to be transferred.

3. The capacity for following up activities must be in place for the initiative to achieve its objectives

Each of the Network initiatives utilizes joint strategic planning and programming. The steps taken in this process are progressive, one step building on the step before it. Activities are approached in this way. A meeting simply to share information, with the end result being just that, would not fit into the strategic process. Networking initiatives approach activities in a different way, as part of a larger process leading to the improved utilization of critical information in the region. The resources needed including time, people, and funds for follow up activities must be available. They need not be vast; indeed, Networking initiatives utilize a fraction of the resources that would be required if individual countries and organizations were not to borrow from lessons learned elsewhere in the region.

Regional strategies require careful planning, commitment by all partners, and follow-through for every step in the process. The end goal being a continuous process of identifying, expanding and monitoring the use of interventions and support processes that are known to work in the region. This cannot be achieved without attention being paid to following up each step of the strategy.

VIII. Value Added through Networking

Networking adds significant value to bilateral programs and to REDSO's regional consulting work:

- ***Networking has provided opportunities for cross-pollination*** - It has operationalized the concept of "learning across borders":

1. Networking has provided the opportunity for cross-country and regional information to be made available. It has facilitated the sharing, borrowing and adapting of relevant models and technologies.

   For Example: The health financing (cost recovery) policy for Kenya, along with guidelines and forms used in implementation were provided to the team writing the national health policy in Ethiopia. Through Networking a Kenya team was provided to work with the Ethiopian team in evaluating and providing feed back on an early draft of the new policy. Networking then provided Kenya assistance from a Kenya team, to help plan and implement a national workshop in Addis for a national-level technical review of the new policy. The USAID Ethiopian mission by that time had their new program in place and began support to Ethiopia for the implementation of the new policy.

2. Networking prevents professional isolation. By bringing technicians and specialists into a "network", they can cross-fertilize each others' ideas and plans.

   For Example: Managers of public and NGO health programs in 15 sub-Saharan countries are visiting each other's program, borrowing ideas and approaches and providing south-to-south consultancies in order to strengthen their own and colleagues programs in integrating STD/HIV/MCH/FP services.

- ***Networking has generated positive externalities*** - Bilateral programs tend to be "shielded" from each other, with few - if any - opportunities for them to learn from each other.

1. REDSO Health Networking has maximized the impact of successful USAID programs. By highlighting successful features of a bilateral program to another country or mission, networking makes it possible for that second (or third, or fourth) to learn from the first. Success is multiplied, externalized, rubbed off to other places. "Recipient countries" become less risk-averse to try innovative schemes after learning from the successful experiences of "pioneer countries".

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For Example: Networking has been working with Ugandan ministry of health colleagues, who have implemented an exciting and successful national program for enhancing the quality of health services. Through Networking, the Ugandan team (with assistance from African colleagues in Tanzania and Zambia) has developed courses to offer other countries, using Uganda as the teaching venue and "living laboratory." Through Networking arrangements, the Ugandan team received initial assistance from Johns Hopkins University in the development and delivery of the courses. The courses are being held at Makerere University, which will offer university recognition and credit for the courses. An important ingredient to this effort is institutional strengthening through the transfer of capabilities and skills to Makerere University. Uganda is furnishing personnel to run and teach the courses, as is Tanzania and Zambia. Networking provides assistance where it is needed for countries to send their senior officials to the course. Initially the courses are free, but charges will be levied after the course is well established.

2. Networking minimizes the mistakes of new programs. By bringing to light the failures of other, older bilateral programs, networking prevents new programs from making similar mistakes.

For Example: Based on a very successful approach to cost sharing for health services in Kenya, a Kenya team (MOH officials and a USAID project team leader) was provided to USAID Uganda. The mission in Uganda , consequently, redesigned its major country health and family planning program to allow the program to work with district level hospitals, where initiating cost recovery programs in countries is easiest and most successful. The organizational mechanisms and forms used in Kenya have been provided to Uganda, which is adapting what it finds useful for its own program.

- ***Networking reduces research and development costs*** - Because of the way USAID operates with CAs, USAID activities are prone to duplication involving substantial research and development (R&D) costs.

1. Networking minimizes duplication of efforts. It averts some missions', countries', and CAs' tendency to "reinvent the wheel". In cost-sharing programs, for instance, one generic manual and one computer software were used throughout the region, which were then "customized" by individual countries according to their needs.

For Example: A group of five Lutheran hospitals near Arusha Tanzania are using the successful experience of the Chigoria Mission Hospital in Kenya to shape and develop their own health insurance programs. Networking provided for study tours to Kenya for the Tanzanian group and south-to-south technical assistance from the

Chigoria Hospital Management team to Arusha. The Arusha group is borrowing and adapting the organizational structure, forms and process of Chigoria for its hospitals.

2. Networking expedites program launching, thus saving MOHs and NGOs precious time.

For Example: Two officials from the MOH in Mozambique were invited by the Networks, through the Mozambique USAID mission, to attend a regional workshop on cost sharing. The officials from Mozambique, who are struggling with a war and drought ravaged health system, saw that cost sharing efforts were going to be essential in reestablishing the health system in Mozambique and providing quality health services. Through the Mozambique mission, technical assistance was requested from the Kenya health financing team. Kenyans, actually running district health programs that include cost sharing, were part of the team. Networking provided the assistance and provided for a team from Mozambique to travel to Kenya to visit and study a health district near Mombasa. The district health manager in Mombasa was one of the earlier team members that traveled to Mozambique and was able to assist his Mozambique colleagues in adapting the Kenya experience for Mozambique.

- ***Networking achieves economies of scale*** - Many African countries and USAID missions are too small to independently support viable programs whether in training, research or pilot demonstrations.

1. Training - By bringing individual practitioners and technicians from each country into a regional group, a more cost-effective and viable program (training, seminar or workshop) can be carried out. The alternative is to train individually or on a smaller scale in each country, which is much more expensive.

For Example: One hundred and sixty-five health professionals from 17 countries in sub-Saharan Africa gathered at a Networking sponsored workshop on integrating STD/HIV/MCH/FP services. During the conference the participants defined and prioritized an Africa Agenda of activities that would best assist them to better understand and more adequately develop their own health delivery programs in integration. A smaller technical advisory group of these managers, along with REDSO/ESA and USAID CAs that comprise the Regional Integration Partners, has been overseeing and involved in implementing the Africa Agenda. Case studies for the development of lessons learned have been completed and disseminate and others are underway. Initial assessments on the cost effectiveness of integration programs have been conducted. A booklet for program managers that clarifies the practices

and delivery needs of integrated services has been written and is being disseminated. Under the direction of the technical assistance group, program managers are participating in study tours to neighboring country programs and others are providing south-to-south technical assistance.

2. Research and pilot demonstrations - Individual countries may not be able to carry out research and demonstrations on their own because these are expensive. More importantly, from a statistical point of view, the few number of observations available from an individual country mitigates robust research conclusions. By grouping countries, networking permits the achievement of statistical "degrees of freedom" and lower cost to make conclusive statements on the success or failure of an intervention.

   For Example: Networking brought together program managers and other decision makers from health ministries and NGOs, mostly from the Greater Horn of Africa. This group formed a core that undertook the collection and assembling of "best practices" in improving quality of health services in their own and neighboring countries. Through Networking, a larger group of regional professional were assembled to study and discuss the "best practices" and from this establish an agenda for supporting the improvement of quality of care throughout the region. This is being done through the courses being offered at Makerere University, through in-country workshops on improving the quality of care, study tours to successful programs, and through south-to-south technical assistance from African colleagues with successful programs.

- ***Networking can provide coverage to "nonpresence" countries*** - Networking permits the Agency to provide technical and other support to and gain from African countries that otherwise would not receive such assistance. This is done through:

1. Involving colleagues and institutions from nonpresence countries to participate in activities that assist them to borrow and adapt from neighboring countries.

   For Example: In August of 1995, Networking, with the World Bank, supported a regional workshop in Nairobi that was conducted by the CRHC Secretariat. The Secretariat assembled top officials from the health programs of the 14 member countries, to prioritize the health reform issues that should receive collective focus within ESA. Networking assisted in the development and facilitation of the workshop. Recommendations from this group were forwarded to the Conference of Ministers, where members agreed, among other things, that quality of care, drug management (logistics), health financing, and reproductive health -- integration of reproductive health services, focus on adolescents, and postabortion complication

treatment were all priorities. Policies on reproductive health (and, very importantly, a strong vote by ministers to fund the Secretariat's advocacy and dissemination efforts in reproductive health care) have been developed that are serving as guides to all 14 member countries. While most of the countries in CRHC are countries where USAID has a presence, Lesotho, Swaziland, Botswana, Seychelles, and Mauritius are also members. Consequently, the partnership that REDSO/ESA has with the Secretariat - the collective advocacy, policy, and research work in which REDSO is in partnership, has resulted in activities and policy guidelines that are being adapted by all countries, both USAID presence and non-presence countries, and is helping ensure that USAID's early investment in these countries, continues to pay "development dividends."

2. Strengthening regional country programs and adding value to the Agency's investments by using the lessons learned in graduated nonpresence countries as study tour sights and assisting other countries to borrow and adapt the successes from these graduated country programs.

For Example: Botswana has been the most progressive country in the region in developing a national program of integrating STD/HIV/MCH/FP services. They received considerable support from USAID in doing this, when USAID had a country mission in Botswana. One of the senior program managers from Botswana is a team member of the regional technical advisory group for integrating STD/HIV/MCH/FP. The country has taken a leadership role in hosting a regional technical advisory group meeting, using Botswana as a "living laboratory" and providing technical assistance to other countries in the region. Botswana provides an excellent example of where USAID investment in one country can have added value by providing assistance to other countries, and where, at the same time, the continuing partnership in the larger regional activity feeds back to Botswana, which continues to learn from neighboring countries.

IX. The Future of Networking

The Health Network activities in REDSO/ESA, taken together, currently constitute a results package (RP) that supports REDSO's and the Agency's objectives in the PHN sector. As currently designed and implemented, however, unless this RP can continue beyond its currently projected life, the process of Networking as described above, will not be institutionalized in the ESA Region. As a consequence, and realizing that both funding and staffing are likely to continue declining somewhat over the next few years, it is REDSO's intent to develop a new Health Networks results package which will commence in FY 98.

The REDSO/ESA/PH Office is in the process of preparing a concept paper of how such a new RP would work. The following are the parameters of the new activity as currently envisioned:

- It would continue the current initiatives (focus areas) for at least another five years. These initiatives are at different stages of development and both to exploit their full potential and to institutionalize the process will take at least this long.

- Over this five year period there would be a continuing and crucial role for REDSO. This role would not be greatly different than that at present, i.e., it would be facilitative in the development and implementation of regional initiatives while at the same time REDSO staff would continue to provide technical services to missions. Regional networking was developed and has always been seen as a value added component of this service role and this should continue.

- The new RP would include a greater African capacity building component designed in such a way as to enhance African capabilities to carry on networking in the future. It is not intended during the life of the new RP that African partners would do everything which is currently being done by REDSO/PH staff (they obviously would not play the in-house technical assistance role with missions), but over time they should be able to take over much of what REDSO/PH is doing in facilitating the development and implementation of regional initiatives.

- As interest has been expressed by other regional missions, the possibility of designing the new RP as a kind of IQC which could take funding from other missions or programs to support networking initiatives is being explored. For example, RCSA or GHAI might be able to actually put funding into the new RP to support specific health networking activities in their respective regions. If this were possible, then the REDSO OYB would be used to support the core of the RP, including the staffing which would split its time between the regional networking activities and provision of technical support to missions.

- The new RP would still be heavily dependent upon Global projects, at least during the first 2-3 years. However, as a principal objective of the RP would be to build indigenous capacity in the region, the Global Bureau mandate would be more to build expertise and facilitate

its utilization than the development and implementation of Global Bureau projects. This is basically what is taking place with in CAFS III Project.

- The new RP would be based on a cooperative agreement with an African regional institution. Over the period of the activity, and as the capacity of this institution was enhanced, it would take on more of the regional networking role currently being played by REDSO/PH.

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Attachment A

Organization Chart of REDSO Health Networking

This page needs separate insertion.
It is not a WP file but comes as
an Org.plus file

Attachment B

"Single Pages" - One page Descriptions of Networking Activities

APPENDIX D

REDSO/ESA

STRATEGIC OBJECTIVE 4

REDSO/PH's Health Networks formed the basis for the development of a strategic objective focusing on regional initiatives and activities in REDSO's first Strategic Plan developed in 1995. In fact, the REDSO/PH office chief was asked to defend this SO during the Africa Bureau review in Washington. This SO, however, was somewhat generic as it was designed to include all regional activities and initiatives being undertaken by REDSO, and not just health and population. It was entitled: "Increased Utilization of Critical Information by USAID and Other Decision-makers in the Region". Over the last two years as REDSO attempted to operationalize SO teams around its SOs it became apparent that health and population required its own separate SO which related more closely to what it was seeking to achieve and the way the REDSO PH Office actually functioned. The new SO, while not yet officially approved at the Washington level, has been approved at REDSO level and will be submitted in the R4 this year. Below is the new health and population SO and the six Intermediate Results which REDSO/PH team is attempting to achieve:

REDSO/ESA SO #4: **"Improved Child and Reproductive Health Systems in East and Southern Africa".**

IR 4.1: Strengthened Information Networks: Joint planning and programming, CAATS, Regional CA Coordination, Resource Center, Conferences, Workshops and Presentations.

IR 4.2: Improved Technical Capacity of Regional Partners: CAFS, NGOs, Universities, South-South Exchanges, Training, Skills Building, Mentoring, TA

IR 4.3: Improved Policy Environment: Awareness Raising, Advocacy, Policy Assessments and Development, Regulation

IR 4.4: Country Level Implementation: Sharing/Implementation of Lessons Learned, Expansion of Use of Models or Better Practices

IR 4.5: Enhanced African Capacity to Implement Household Level Nutrition and Other Child Survival Interventions: Development and Marketing of Fortified Foods, Regional Assessments, Pilot Activities

IR 4.6: Enhanced Capacity for ESA Missions to Attain their PHN SOs/IRs: TDYs to Missions, Work for Others

This SO more clearly captures the integrated nature of the regional network activities and the technical services provided to ESA missions (IR 4.6) than does the old SO. All of the technical focus areas being dealt with in the Networks Project support the attainment of these six IRs. The Strategic Framework for this SO is attached in Appendix 5.

APPENDIX E

STRATEGIC FRAMEWORK FOR SO #4

REDSO/ESA PROPOSED STRATEGIC OBEJCTIVE #4